Early Childhood
Interagency Coordinating Council

Strategic Report to the Governor on the Status of Early Childhood

December 2010

THE NEBRASKA EARLY CHILDHOOD INTERAGENCY COORDINATING COUNCIL
IS A COLLABORATIVE EFFORT TO ADVISE STATE GOVERNMENT
ON THE IMPROVEMENT OF SERVICES AFFECTING
YOUNG CHILDREN AND THEIR FAMILIES.

This report was approved
May 13, 2011 by the

Early Childhood Interagency Coordinating Council

Heather Gill, Chairperson

The report was prepared with the assistance of staff from the
Nebraska Department of Education
Head Start State Collaboration Office
Nebraska Department of Health and Human Services

For more information about the ECICC see: http://www.education.ne.gov/ecicc/

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Early Childhood Interagency Coordinating Council

Strategic Report to the Governor on the Status of Early Childhood, 2010

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I. Executive Summary and 2010 Recommendations

The Early Childhood Interagency Coordinating Council (ECICC) was established in state statute to advise the state agencies around issues of early childhood care and education. State statutes require that the Council "report biennially to the Governor and the Legislature on the status of early intervention and early childhood care and education in the state." *Nebraska Revised Statutes, Chapter 43, Section 43-3401 to 43-3403.*

In 2008 Governor Heineman designated the ECICC as the State Advisory Council as required by the 2007 federal Improving Head Start for School Readiness Act (*Public Law 110-134, Statutes 1411-1413, Section 11, Section 642 B)*. This report also includes information that is required according to those federal statutes.

The 2010 Strategic Report on the Status of Early Childhood is organized according to the Together for Kids and Families Strategic Plan (Nebraska's Early Childhood Comprehensive Systems' Grant). The ECICC adopted the Together for Kids and Families Strategic Plan as its strategic plan in 2006 and continues to approve revisions to the plan and serve as the Together for Kids and Families advisory committee. The Together for Kids and Families Strategic Plan has four critical component areas. The report will address the status of the four critical component areas of the strategic plan including 1) parent education and family support; 2) social-emotional development and mental health; 3) early care and education; 4) medical and dental home health services. This report will then address the early care and education infrastructure that exists in Nebraska.

Based upon the status of early childhood programs and services in Nebraska as outlined in this report, the ECICC developed and approved recommendations to forward on to the Governor and the state agencies.

2010 Recommendations:

Parent Education and Family Support

1. Continue to provide information, resources and supports to all families with young children acknowledging that parents are a child's first teacher.
2. Fund and support community capacity building to provide respite, home visitation, and mentoring models for parent education and family support.
3. Stabilize the child care subsidy system to support families in the workforce by moving the income eligibility rate to 185% of poverty.

Mental Health/ Social and Emotional Behavioral Health

4. Fund statewide implementation of a comprehensive framework that promotes the social and emotional competence of young children and their families in all early childhood settings.
5. Support DHHS' efforts to improve outcomes of children in both in-home and out-of-home care.
6. Support Mental Health Consultation for children ages 0-8 through targeted prevention funds and expanded partnerships with regional behavioral health systems.
7. Utilize technology, including telehealth and help lines, to support early childhood mental health service delivery and consultation.
8. Expand the availability of appropriately trained, credentialed, and licensed professionals; and additionally, the availability of para-professionals in order for Nebraska to provide sufficient behavioral support services for young children.
9. Ensure that all children from birth through age eight are screened for social-emotional development delays and referred for support services when needed.

Early Care and Education

10. Improve school readiness and ready schools by sustaining and expanding the availability of quality early childhood care and education settings through Nebraska's Early Childhood Education Grant Program and Early Childhood Education Endowment Program (Sixpence) in collaboration and coordination with community programs including Head Start and Early Head Start.
11. Promote physical activity and healthy nutrition practices in all early care and education settings.
12. Continue to investigate quality improvement models that can be applied in partnership with all early care and education settings.
13. Continue to promote inclusive practices for children with special needs in all early childhood care and education settings, school districts, and before and after school programs.
14. The proposed draft of the Department of Health and Human Services Child Care Regulations should move to public hearing, be revised and approved.

Medical and Dental Home and Health Services

15. Increase the number of dentists serving young children and families in a dental health care home that provides regular routine dental care and education and recommendations for any special dental health care the child might need.
16. Support, promote and expand a medical home approach to ensure continuity of health services for all young children and their families.
17. Focus outreach to eligible families and health providers to improve EPSDT (Early Periodic Screening and Diagnostic Testing) utilization rates.
18. Improve access to comprehensive health services for women of childbearing age to improve birth outcomes.

II. Introduction

A. Overview of the Early Childhood Interagency Coordinating Council (ECICC)

Responsibilities of the ECICC

The Early Childhood Interagency Coordinating Council (ECICC) was established in state statute in 2000. All members of the Council are appointed by the Governor and serve up to two three-year terms. Representation on the council includes: parents of children with disabilities, early care and education providers and programs, Head Start programs, state agency representatives, and other health professionals as designated in statute. The Council is chaired by a governor-designated chairperson. The Council is responsible to:

- Promote the policies set forth in the Early Intervention Act, the Quality Child Care Act, and section 79-1101 to 79-1104;
- Facilitate collaboration with the federally administered Head Start program;
- Make recommendations to the Department of Health and Human Services, the State Department of Education, and other state agencies responsible for the regulation or provision of early childhood care and education programs on the needs, priorities, and policies relating to such programs throughout the state;
- Make recommendations to the lead agency or agencies which prepare and submit applications for federal funding;
- Review new or proposed revisions to rules and regulations governing the registration or licensing of early childhood care and education programs;
- Study and recommend additional resources for early childhood care and education programs; and,
- Report biennially to the Governor and the Legislature on the status of early intervention and early childhood care and education in the state.

In 2007 the federal Improving Head Start for School Readiness Act passed and required governors to designate a state advisory council for early care and education. Governor Heineman designated the ECICC as the state advisory council for Nebraska. The state advisory council had additional responsibilities as pertains to the federal Improving Head Start for School Readiness Act. The new responsibilities include:

- Conduct a periodic statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children from birth to school entry, including an assessment of the availability of high-quality pre-kindergarten services for low-income children in the state.
- Identify opportunities for, and barriers to, collaboration and coordination among Federally-funded and State-funded child development, child care, and early childhood education programs and services, including collaboration and coordination among State agencies responsible for administering such programs.

- Develop recommendations for increasing the overall participation of children in existing Federal, State and local child care and early childhood education programs, including outreach to underrepresented and special populations;
- Develop recommendations regarding the establishment of a unified data collection system for public early childhood education and development programs and services throughout the state;
- Develop recommendations regarding statewide professional development and career advancement plans for early childhood educators in the State;
- Assess the capacity of 2-year and 4-year public and private institutions of higher education in the State toward supporting the development of early childhood educators, including the extent to which such institutions have in place articulation agreements, professional development and career advancement plans, and practice or internships for students to spend time in a Head Start or prekindergarten program; and
- Make recommendations for improvement in State early learning standards and undertake efforts to develop high-quality comprehensive early learning standards as appropriate.

In addition the Council is required to hold a public hearing and provide an opportunity for public comment on the responsibilities described above. All strategic reports will be available for public hearing and comment. Additionally, the ECICC does allow time for public comment during all Council meetings.

Standing Committees of the ECICC

The Early Childhood Interagency Coordinating Council has three standing committees and the Family Leadership Team. The three standing committees are the Gaps and Barriers Committee, the Legislative and Communications Committee, and the Early Childhood Systems Team. The purpose of each committee is:

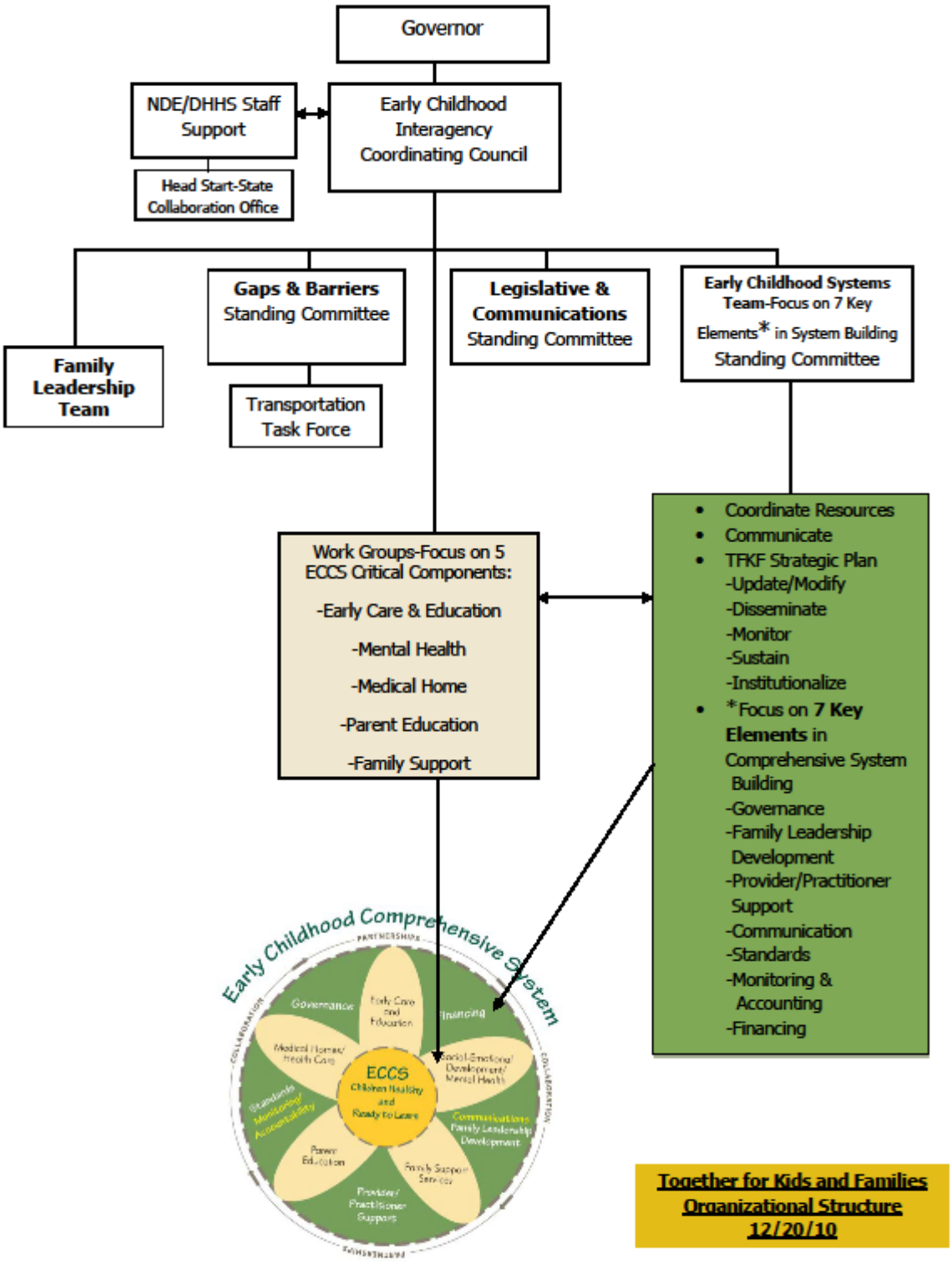
Gaps and Barriers Standing Committee: advises the ECICC related to gaps and barriers in accordance with part C of the Individuals with Disabilities Education Act (IDEA) of 2004, the Improving Head Start for School Readiness Act of 2007, Nebraska Statutes for the Early Intervention Act and the Early Childhood Interagency Coordinating Council. The standing committee will identify gaps and barriers in meeting the needs of all children through age 8, with a particular emphasis on children with disabilities and their families, and underrepresented populations.

Legislative and Communications Standing Committee: examines state and federal legislation that will impact early childhood services and funding streams, develop educational information on pending legislation that should be communicated to others, and draft recommendations to be reviewed by the full ECICC when the committee feels the Council should take a position on pending legislation. The standing committee also works to ensure there is an ongoing relationship with the Governor's office.

Early Childhood Systems Team (Standing Committee): creates ongoing collaboration across the public and private agencies through which early childhood systems needs for children (prenatal through age eight) will be identified and addressed through strategic action plans.

The Family Leadership Team was approved as a committee of the Early Childhood Interagency Coordinating Council (ECICC) in December 2004. The purpose of the Team is to explore early childhood issues coming before the ECICC from a family-centered perspective. Membership of the Family Leadership Team includes parent representatives, TA staff, and other interested Council members. Prior to each Council meeting, members of the Family Leadership Team discuss federal, state, and local policies and services as they address the needs of all children through age 8, with a particular emphasis on infants and toddlers with disabilities and their families, and underrepresented children and families. The Family Leadership team reports on their discussions and drafts recommendations to be reviewed by the full Council during Council meetings. The committee meets at an earlier time so that the members are available to participate in the work of the standing committees of the Council.

The following chart displays the various committees and their relationship to the ECICC. The ECICC also serves as the advisory committee for the Together for Kids and Families Strategic Plan and their respective work groups. Additional ad hoc committees of the ECICC have been established over the years to complete a specific set of work for the Council and are usually time limited.


Governor
NDE/DHHS Staff Support
Early Childhood Interagency Coordinating Council
Head Start-State Collaboration Office
Family Leadership Team
Gaps & Barriers Standing Committee
Transportation Task Force
Legislative & Communications Standing Committee
Early Childhood Systems Team-Focus on 7 Key Elements* in System Building Standing Committee
Work Groups-Focus on 5 ECCS Critical Components:
-Early Care & Education
-Mental Health
-Medical Home
-Parent Education
-Family Support
• Coordinate Resources
• Communicate
• TFKF Strategic Plan
-Update/Modify
-Disseminate
-Monitor
-Sustain
-Institutionalize
• *Focus on 7 Key Elements in Comprehensive System Building
-Governance
-Family Leadership Development
-Provider/Practitioner Support
-Communication
-Standards
-Monitoring & Accounting
-Financing
Early Childhood Comprehensive System
ECCS
Together for Kids and Families
Organizational Structure
12/20/10

B. Together for Kids and Families Strategic Plan

The Early Childhood Interagency Coordinating Council became the advisory committee for the Early Childhood Comprehensive Systems Grant which led to the development of the Together for Kids and Families Strategic Plan. The strategic plan is a shared document that is utilized across the Department of Health and Human Services, the Department of Education, and the Head Start State Collaboration Office to guide work and new developments in the early childhood field. The following section describes the history of the Strategic Plan development and the critical component areas addressed in the plan and in this report.

Together For Kids and Families
Organizational Structure: Elements of an Early Childhood System

History and the Critical Component Areas:

Together for Kids and Families (TFKF) began as a two-year strategic planning grant awarded to Nebraska Department of Health and Human Services in 2003 to address comprehensive early childhood systems, including at a minimum:

- medical home
- social-emotional development/mental health
- early care and education
- parent education
- family support

Funded through the State Early Childhood Comprehensive Systems (ECCS) Grant Program administered by the Maternal and Child Health Bureau, US Health and Human Services the comprehensive strategic plan was required to include:

- A needs assessment/environmental scan
- A clear vision and mission statement, priority areas of focus, and specific goals/objectives
- A set of indicators to track early childhood outcomes and a plan for collecting data
- Identification of best practice, evidence-based models and how they will be implemented
- Identification and involvement of key partners and the role each will play in carrying out the strategic plan
- Demonstration of how the plan links to and leverages other initiatives
- Evidence that the planning process is positioned to maximize the greatest policy impact
- A sustainability plan

Development of the Strategic Plan

2003-2006: Strategic Planning

- The Early Childhood Interagency Coordinating Council (ECICC) agreed to serve as overall advisory body.
- Leadership Team and eight work groups formed, consisting of early childhood (EC) stakeholders from across Nebraska

- Result of stakeholder driven planning was a strategic plan that consisted of 19 topic area strategies and 2 data strategies which was approved by the ECICC and federal project officers to begin implementation Spring of 2006

2006-2009: Strategic Plan Implementation

- The ECICC continued to serve as the advisory body and an Implementation Team was formed
- The 19 topic area strategies and 2 data strategies that were chosen during planning were divided among the eight work groups whose members formed the Implementation Team
- The data group completed an indicator report included in the ECICC Report to the Governor on the Status of Early Childhood in 2008.

2009-2012: Strategic Plan revised and implementation ensues

- Federal ECCS Guidance for 2009-2012 ECCS program development set new priorities that re-emphasized:
  - The ECCS Critical Components
  - Key Elements in Comprehensive System Building
  - Strengthening Collaborations and Partnerships
- In response to the federal guidance for this new funding period, the Early Childhood Systems Team (ECST) was created and sanctioned as a standing committee of the ECICC. A charter for the ECST was developed and approved May 14, 2010, to outline the purpose and membership of the group, which mirrors that of the Federal Early Childhood Partners Group.
- An updated work plan that consists of 12 strategies was completed in 2010. The strategies and documents of the Together for Kids and Families Strategic Plan can be viewed on the Together for Kids and Families webpage: http://www.dhhs.ne.gov/LifespanHealth/Together-Kids-Families.htm

Goals and Strategies of the Strategic Plan

The strategic plan is organized around four goals developed from the ECCS critical component areas:

- Parent Education/Family Support Services [two component areas combined into one goal]
- Mental Health/Social and Emotional Behavioral Health
- Early Care and Education
- Access to Health Care/Medical and Dental Home

The chart on the following page describes the goals and strategies for implementing the Strategic Plan. It also shows how the plan aligns with the priorities of the Head Start State Collaboration Office (HSSCO).

The Goals and Strategies of
Together For Kids and Families (TFKF)

Aligned with the priorities of the Head Start State Collaboration Office (HSSCO)

TFKF GOALS			
Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children	All Nebraska children have access to a dental/medical home, and receive high quality health services	The early childhood social, emotional and behavioral health needs of Nebraska's children are met.	Nebraska families support their children's optimal development by providing safe, healthy & nurturing environments
*Infrastructure Building Through Development of a Network of Child Care Health Consultants**			
*Access to Medical Homes and Health Insurance Through Early Care and Education Providers**			
*Quality Through Standards**	**** Healthy Child Care America (HCCA)***		***09-28-10***

TFKF STRATEGIES[1]

Dental/Medical Home

HSSCO Priority Areas: Health, Community Services

1. Implement and sustain the dental/medical home as a standard of care.
2. Establish the infrastructure to support a comprehensive system promoting access to oral health services including preventive oral health care.

Parent Education/Family Support

HSSCO Priority Areas: Community Services, Children with Disabilities, Child Care, Welfare, Child Welfare, Homelessness

3. Promote and support evidence-based home visitation services for families with young children.
4. Promote integration of parent-to-parent peer support systems, when appropriate, into programs and services for families.
5. Increase access to respite services to meet the needs of families.
6. Coordinate statewide systems for sharing comprehensive information with families.

Early Care & Education

HSSCO Priority Areas: Education, Professional Development, Family Literacy, Homelessness

7. Through a mixed delivery system, provide access to voluntary, high quality, early childhood education and care programs and services that meet the needs of all young children and their families.
8. Develop and refine a system of support to improve the quality and effectiveness of early childhood education and care programs and services.

Child Care Health Consultation

HSSCO Priority Areas: Child Care, Homelessness, Welfare, Child Welfare

9. Develop early childhood health & safety communication network(s).
10. Disseminate data-driven and evidence-based training and material resources to improve health and safety in child care.

Mental Health

HSSCO Priority Areas: Health, Community Services, Education, Professional Development, Child Welfare

11. Assist communities to develop/enhance an effective system of care to support the social, emotional and behavioral health needs of Nebraska's young children. (DRAFT)
12. Build the capacity of individuals who interact with young children to support social, emotional and behavioral health. (DRAFT)

[1] *Currently Federal HSSCO priorities are under revision.*

C. Statewide Needs Assessments

The Department of Health and Human Services and Department of Education conduct or fund a variety of needs assessments to better determine where needs and gaps and services exist within the state. Over the last two years a variety of needs assessments have been conducted. This section reports key findings from three of the needs assessments:

- The Title V Needs Assessment
- The Head Start Needs Assessment
- The Inclusive Child Care Survey conducted by the University of Nebraska Medical Center

Title V Needs Assessment

The Maternal and Child Health Bureau (MCHB) and the Health Resources and Services Administration (HRSA) provide detailed guidance for states receiving Title V Maternal and Child Health (MCH) Block Grant funds. The Nebraska Department of Health and Human Services (NDHHS), Division of Public Health is a recipient of the Title V Block Grant. Within the Division of Public Health the Lifespan Health Services Unit is responsible for administrating the Block Grant in coordination with the Division of Medicaid and Long Term Care, Long Term Care Section. One requirement of the Title V statute (Title V of the Social Security Act) is to conduct a statewide needs assessment every five (5) years that shall identify the need for:

- Preventative and primary care services for pregnant women, mothers, and infants
- Preventive and primary care services for children; and
- Services for Children with Special Health Care Needs (CSHCN)

The most recent Needs Assessment was conducted during the period of spring of 2009 through July, 2010. This Needs Assessment addresses the Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) populations in Nebraska and establishes priorities for the years 2010-2014.

Nebraska's MCH/CSHCN identified priorities are:

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- Reduce the impact of poverty on infants/children including food insecurity.
- Reduce the health disparities gap in infant health status and outcomes.
- Increase access to oral health care for children and CSHCN.
- Reduce the rates of abuse and neglect of infants and CSHCN.
- Reduce alcohol use and binge drinking among youth.
- Increase quality of and access to perinatal health services, including pre/inter-conception health care, prenatal care, labor and delivery services, and postpartum care.
- Increase the prevalence of infants who breastfeed exclusively through six months of age.

- Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

The full report may be found at http://www.dhhs.ne.gov/LifespanHealth/NeedsAssessmen2010FINAL.pdf.

Head Start-State Collaboration Office Needs Assessment

In December 2008, the Nebraska Head Start State Collaboration Office (HSSCO) conducted a Needs Assessment survey of Head Start staff and directors. The purpose of gathering the information was to identify state needs in the areas of coordination, collaboration, alignment of services, and alignment of curricula as required by the federal Head Start Improving School Readiness Act of 2007.

The needs assessment data demonstrated a need to connect federal Head Start programs with state level programs (e.g., Title I, McKinney Vento). In an effort to make these connections meaningful for local Head Start programs, the HSSCO is seeking additional input and guidance.

Based on data collected in the December 2008 Needs Assessment, the following issues were identified as needs:

- Increased cooperation, coordination, and collaboration with state agencies that provide mental health prevention and treatment services.
- Increased cooperation, coordination, and collaboration with Title I, Part A and Even Start Programs at the state level.
- Increased cooperation, coordination, and collaboration with state and local McKinney-Vento liaisons.

In 2011, the next full needs assessment will be conducted among Head Start grantees to determine the status of coordination, collaboration, and alignment of services and curricula contextualized in the 10 federal HSSCO priority areas which include: family literacy, education, professional development, health, children with disabilities, child care, community services, welfare, child welfare, and homelessness.

UNMC Early Childhood Comprehensive System Inclusive Child Care Survey

(Together for Kids and Families)

The Child Care Health Consultation Work Group of Together for Kids and Families identified the need to gather reliable information regarding inclusive child care practices in NE which led to a contract with UNMC College of Nursing to complete a literature review and survey of licensed child care providers. A survey was distributed via mail (systematic stratified sampling); the total number of surveys returned was 682 for a 35% response rate.

The goal of the survey was to obtain representative, comprehensive, valid and meaningful data about the needs of licensed child care providers and special needs children receiving licensed child care services in NE. The results will help to determine targeted training opportunities and contribute to quality improvement of child care provided to children with special needs and validate the need for expansion of some current initiatives such as the Teaching Pyramid work.

- The most frequent difficulties and/or barriers that were encountered in providing care to children with special needs included inadequate training or lack of training, fear of not

being able to meet the child's needs, and budget implications or issues of adequate personnel.

- Child care providers reported that 57% of children in their care experience difficulty learning, understanding, following directions, and with attention.
- Child care providers reported that 45% of children in their care experience behavioral problems such as biting, temper tantrums, fighting, bullying, or arguing.

The full report can be viewed at: http://www.dhhs.ne.gov/lifespanhealth/ChildCareHealthConsultation.htm

III. Status Report on the Critical Component Areas of the Together for Kids and Families Strategic Plan

This section is organized under the four Critical Component Areas of the Together for Kids and Families Strategic Plan:

A. Parent Education/Family Support Services
B. Mental Health/Social and Emotional Behavioral Health
C. Early Care and Education
D. Access to Health Care/Medical and Dental Home

Under each Critical Component Area, the report discusses the status of:

- the goal and indicators that are currently monitored related the goal, and other relevant data that informs the critical component area;
- highlights of initiatives related to the critical component area; and
- gaps and barriers that affect the critical component area.

A. Parent Education and Family Support Services

Goal, Indicators and Relevant Data

GOAL: *Nebraska families support their children's optimal development by providing safe, healthy, and nurturing environments.*

Indicator 1: *Percent of mothers who participated in parenting classes during their most recent pregnancy*[1]

This indicator measures the estimated number of new mothers who report attending a parenting class during their pregnancy. It is based on the assumption that parents who participate in parenting classes are more likely to "support their children's healthy development," however, the degree to which this assertion is true is unproven. From 2002-2008, the average participation in parenting classes was 16.6% (range 15.7-18.3%) with no statistical trend detected. Data show that women who attend classes are more likely to older, college educated and married.

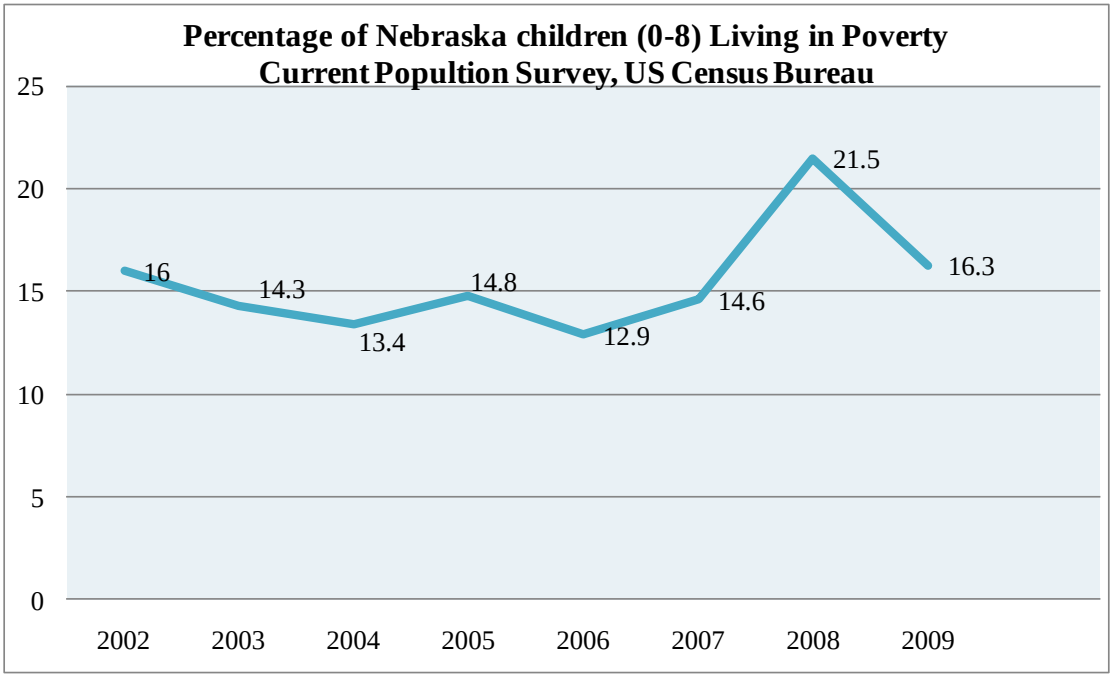
Indicator 2: *Percentage of Nebraska children (0-8) with family incomes less than 100% of the federal poverty threshold*

Children raised in poverty are more likely to experience poor health, diminished personal and social development and have decreased educational attainment and earning potential**.**
Poverty status is determined by comparing annual income to a set of dollar values called thresholds that vary by family size, number of children, and age of householder. If a family's before-tax monetary income is less than the dollar value of their threshold, then that family and

1. Nebraska Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System (PRAMS), 2002-2008

every individual in it are considered to be in poverty. The poverty thresholds are updated annually to allow for changes in the cost of living using the Consumer Price Index (CPI-U). They do not vary geographically.

In 2009, the poverty threshold for a single parent with one related child under the age of 18 was $14,787; for a family of four with two parents and two related children under the age of 18 the poverty threshold was $21,756[2]. In 2009, 16.3% of Nebraska's children less than 9 years old lived in poverty[3]. While this figure has ranged from 21.5% in 2008 to 12.9 % (2006), the average over the eight years was 14.3% with no significant trend.



Indicator 3: *Rate of substantiated child protective services cases per 1,000 Nebraska children (birth to age8)*

Abuse and neglect can disrupt growth and development, lower self-esteem, perpetuate a cycle of violence and cause or exacerbate mental health problems. According to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, children younger than four years of age are at the greatest risk for severe injury or death due to abuse or maltreatment[4]. This is often due to lack of parent education regarding typical development and minimal coping skills.

The rate of abuse for children 0-8 in Nebraska averaged 13.7/1,000 from 2004-2009 and ranged from a low of 12.3/1,000 in 2006 to a high of 15.04 in 2009 with no significant linear trend.[5]

2. [2] U. S. Census Bureau, Poverty Thresholds 2009: Poverty Thresholds for 2009 by Size of Family and Number of Related Children Under 18 Years (Dollars). http://www.census.gov/hhes/www/poverty/data/threshld/index.html
3. [3] US Census Bureau, Current Population survey, Annual Social and Economic Supplement, 2010, 2010. http://www.census.gov/cps/

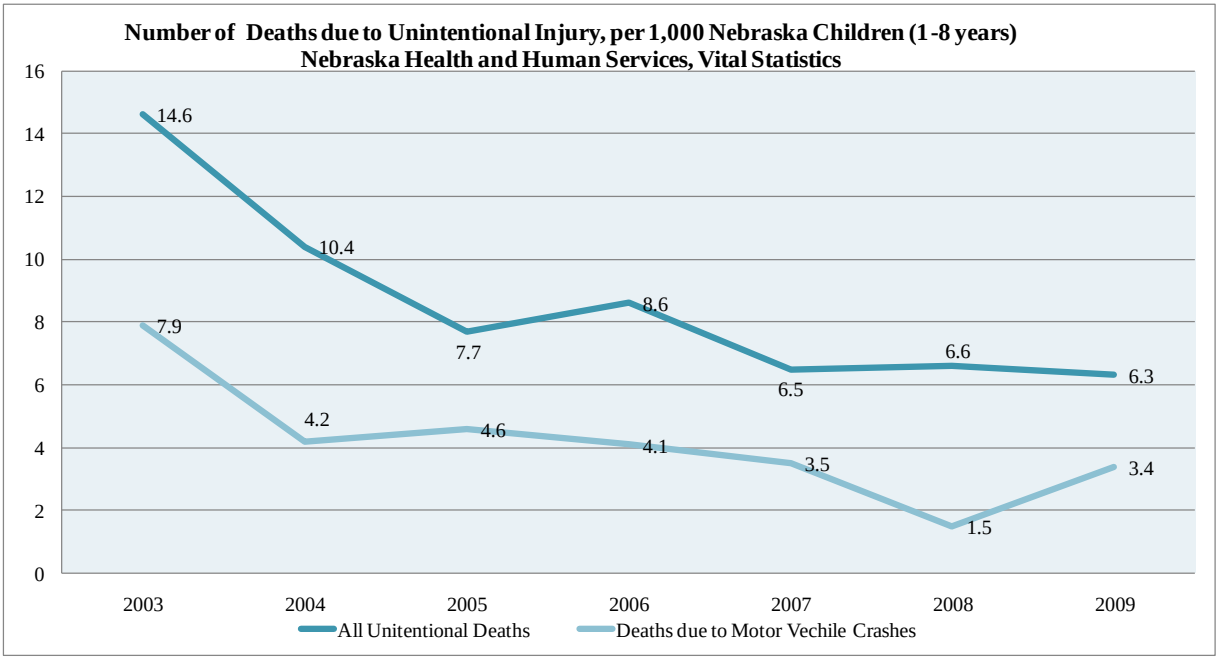
[4] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Child Maltreatment: Fact Sheet, 2008. http://www.cdc.gov/ncipc/dvp/CMP/default.htm

[5] Nebraska Department of Health and Human Services, Child Abuse and Neglect Reports 2004-2009. Unpublished.

Indicator 4: *Number of Nebraska children (1-8 years) who die of an unintentional injury, per 100,000*

Unintentional injuries are the leading cause of death and hospitalizations among children 1-8, in Nebraska and Nationally. Unintentional injuries are preventable and include incidents such as motor vehicle crashes, falls, discharge of firearms, drowning, and exposure to smoke, fire, and poisoning.

In 2009, a rate of 6.3/100,000 deaths were reported, down from 14.6 in 2003.[6] This represents a statistically significant decrease. By far the largest contributor to unintentional injury is motor vehicle crashes which showed the same significant decrease over the seven year period (7.9/100,000 in 2003 to 3.4/100,000 in 2009).



Other Data Relevant to Parent Education and Family Support

Child Welfare Data

Overall reports for child abuse and neglect in Nebraska for calendar year 2009:
Investigations: There were 14,039 cases assessed in 2009 compared to 13,460 in 2008. This is an increase of 579 (4.3%). Compared to the 13,319 cases assessed in 2007, this is an increase of 720 (5.4 %) reports of child abuse or neglect assessed by the Department of Health and Human Services (DHHS).
Substantiated Cases: 3,520 reports were substantiated in 2009 compared to 2,894 reports that were substantiated in 2007. This is an increase of 626 (21.6%).

[6] Nebraska Department of Health and Human Services, Vital Statistics 2003-2009. Unpublished

Number of Children Involved: There were 5,437 children that were involved or identified as a victim in at least one of the substantiated reports in 2009. This is an increase of 997 (22.5%) compared to the 4,440 children identified in 2007.

- Statewide, physical and emotional neglect together with neglect of medically handicapped infants was the most frequently substantiated form of child abuse or neglect and accounted for 7,054 (84.8%) of all substantiated allegations in 2009.
- Physical and emotional abuse was the second most frequent substantiated form of child abuse or neglect and accounted for 807 (9.69%) of all substantiated allegations in 2009.
- Sexual abuse, the third major category of child abuse or neglect, had 460 (5.52%) substantiated allegations in 2009.
- The average age for the involved children was 6.62 years.
- The median age of the involved children was 6.25 years.

The following table shows the numbers of substantiated reports of abuse and neglect by age and gender.

Substantiated Victims of Abuse and Neglect by Age and Gender: 2009

Age in Years	Gender		Total	Percent	Cumulative
	Female	Male			
<2	513	552	1,065	19.6%	
2	222	217	439	8.1%	27.66%
3	202	198	400	7.4%	35.02%
4	175	188	363	6.7%	41.70%
5	180	163	343	6.3%	48.00%
6	163	160	323	5.9%	53.95%
7	167	136	303	5.6%	59.52%
8	158	152	310	5.7%	65.22%
9	112	154	266	4.9%	70.11%
10	118	118	236	4.3%	74.45%
11	127	125	252	4.6%	79.09%
12	98	121	219	4.0%	83.12%
13	120	91	211	3.9%	87.00%
14	107	93	200	3.7%	90.68%
15	143	71	214	3.9%	94.61%
16	110	62	172	3.2%	97.77%
17	62	44	106	1.9%	99.72%
>17	10	5	15	0.3%	100.00%
Total	**2,787**	**2650**	**5437**		

Highlights and Developments: Parent Education/Family Support Services

Child Line-Resource and Referral Services:

Nebraska has a toll-free information line that provides assistance to both early care and education providers and to families looking for child care. The Child Line may be reached Monday-Friday, 8 am-5pm Central Time by calling 1-800-89-CHILD outside the Omaha area or 402-557-6889 in the Omaha area. Visitors are always welcome to visit the Early Childhood Training Center during business hours, or leave a message after hours.

Nebraska Resource and Referral Website

The Nebraska Resource and Referral System website provides Nebraskans a user-friendly system for locating a wide array of services in Nebraska. Providers are able to search by town and zip code for services including child care, counseling and support services, health professionals, interpreters, mediation centers, medical/health, out of home placement for children and respite services. https://nrrs.ne.gov

Answers 4 Families

The Answers4Families website connects families with information and resources to better understand when there is someone in the family with special needs. Families can be assisted with children's mental health issues, diabetes, foster care and adoption information, special needs, traumatic brain injury, etc.
www.answers4families.org

PTI Nebraska

PTI Nebraska is a statewide resource for families of children with disabilities and special health care needs. The Mission of PTI Nebraska is to provide training, information and support to Nebraska parents and others who have an interest in children from birth through twenty-six and who receive or who might need special education or related services. Enable parents to have the capacity to improve educational outcomes for all children.

- PTI Nebraska's staff are parent/professionals and are available to talk to parents and professionals about special education, other services and disability specific information.
- PTI Nebraska conducts relevant, no cost workshops statewide.
- PTI Nebraska provides printed and electronic resources.
- PTI Nebraska encourages and supports parents in leadership roles.

For more information http://www.pti-nebraska.org/

Parent Information Resources

The Nebraska Department of Health and Human Services is committed to helping parents find the best information on locating quality child care and resources for child care in their community. The Department of Health and Human Services (DHHS), in partnership with the Nebraska Department of Education (NDE), work together to build consumer awareness and support families in making good choices for the care and education of their children.

Choosing quality child care is one of the most important decisions parents make, but much too often, parents have little information on which to base their decisions. DHHS has developed a guide in cooperation with the National Association of Child Care Resource and Referral Agencies (NACCRRA) entitled *The Right Place*, which assists parents in making informed decisions on choosing child care environments. The production of this guide was paid for with Child Care and Development funds made available through the U.S. Department of Health and Human Services.

Public Awareness Campaign

In 2005, the DHHS issued a Request for Proposals (RFP) to identify and select a qualified non-profit entity with a statewide mission and focus of practice to produce a public awareness campaign promoting healthy early childhood development regarding children ages 0 to 8 years. To be effective, this campaign required a statewide focus to reach all constituents including, but not limited to, business, law enforcement, hospitals, faith communities, community organizations, parents, schools, child care providers, and senior citizens. The vision for this public awareness campaign included the following key points:

- Recent brain research indicates all children are born ready to learn, and birth to 3 is the most critical period for child development;
- Care and education must be viewed as one and the same;
- Children need supportive families and communities;
- Parents are a child's first and most important teacher and;
- Communities share the responsibility for developing healthy children.

The Nebraska Children and Families Foundation was selected to implement this project, and $150,000.00 was issued for a period of two years, originally effective from July 1, 2005 through June 30, 2007. The RFP contained an option "...to renew for two additional two-year periods as mutually agreed upon by all parties..." The Department of Health and Human Services subsequently renewed the funding for this continued project for the periods of July 1, 2007 through June 30, 2009, and July 1 2009 through June 30, 2011.

Learning from Day One

The statewide *Learning from Day One* early learning awareness and education campaign promotes the investment of time and resources by all Nebraskans toward improving life outcomes for young children, especially during the most critical early years of growth and development. The Nebraska Children and Families Foundation has been coordinating this effort with the Department of Health and Human Services, the Nebraska Department of Education, community-based agencies, and private entities. The campaign has included television and radio public service announcements on such topics as the importance of play, reading/literacy, and healthy involvement with fathers, among others. A broad variety of tools have been developed to offer communities, agencies, businesses, medical professionals, nonprofits, and other organizations the opportunity to participate in the campaign in a manner that benefits their own unique capacities and goals. Over time, the campaign has also included community resources, local events for families, and various printed materials for use in the promotion of the campaign goals and vision.

In 2010, campaign activities included 1,537 media spots (1,414 on television and 123 on the radio) on such topics as the importance of social skills, emotions, and a medical home, among

others. In addition, the www.learningfromdayone.org website continues to offer learning tools for parents, families, communities, and businesses.

Nebraska's *Learning from Day One* campaign is a component of the nationwide *Born Learning* campaign developed by United Way of America, Civitas, the Families and Work Institute and the Ad Council. To learn more, visit bornlearning.org.

Gaps and Barriers: Parent Education/Family Support Services

Locating resources when needed

Parents continue to be challenged to find the information they need to support their young children. State agencies supply many information sources, but parent representatives on the Early Childhood Interagency Coordinating Council indicate they hear frequent reports from parents who are struggling to find the right place to access the information at the right time.

Support systems for parents struggling with specific issues

Due to the geographic distances a family with a child with special needs may be the only person within a 100-200 mile radius with a child with that specific condition. Finding a support network that can help parents wade through the challenges of getting good care for their child's specific needs can be difficult. There are opportunities to utilize technology to connect parents across the state in finding other parents who could help them problem solve and navigate through the system.

Finding parents to serve on regional advisory bodies

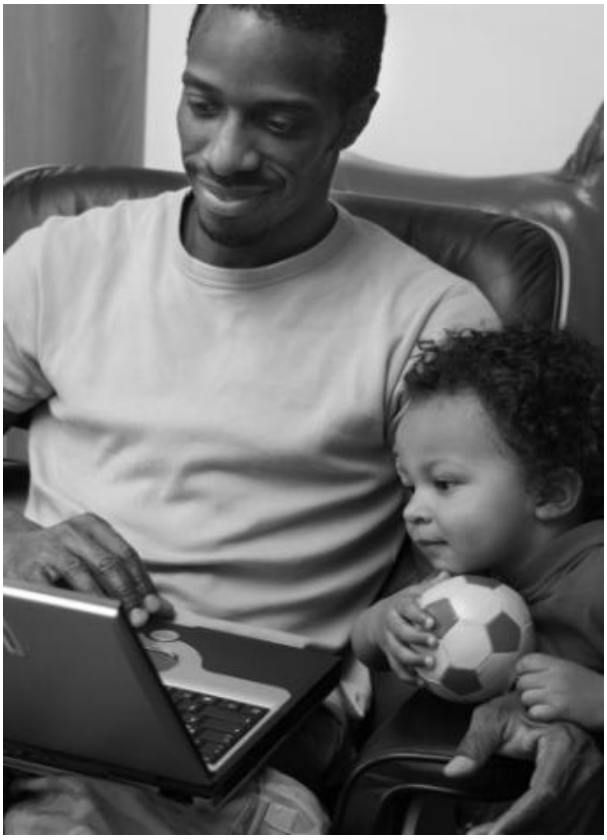
Early Childhood Planning Region Teams across Nebraska are required to have parent representatives on their teams. Developing parent's knowledge, skills, and confidence to actively serve on Planning Region Teams is needed. Parent leadership development and peer mentoring systems could help develop the next generation of parent leaders that can serve and make an impact on planning region teams.

Parents delaying school entry

School districts continue to report that parents are holding children out of school for one year to allow them time to develop more physically or socially. Parents indicate that they want their child to be successful in sports later in life and don't want them to be one of the youngest or smallest in their peer group. Some of these children have been enrolled and been successful in school district operated preschool programs and then parents pull them out for a year rather than have the child enter kindergarten on schedule. Teachers are indicating that these children are developmentally on target for transitioning into kindergarten, but parents are not always agreeable to having children move on. More information is needed to help parents understand the benefits of keeping children growing with their same age peers and learning by keeping them in programs based upon their school-age eligibility. More information on school readiness and ready schools can allay parent's fears about children's school entrance age.

Access to child care subsidy

Child care subsidy is an integral foundational piece of the child care system in Nebraska. There is though a growing gap between the number of children at risk and the number of children who receive child care subsidy. There are over 47,000 children ages birth to 5 who are deemed at risk of starting school behind; 13,000 of them are served with child care subsidy funds, leaving approximately 34,000 children who are not reached by the child care subsidy. Nebraska remains one of the states with the lowest income eligibility criteria for the child care subsidy.



B. Mental Health/Social and Emotional Behavioral Health

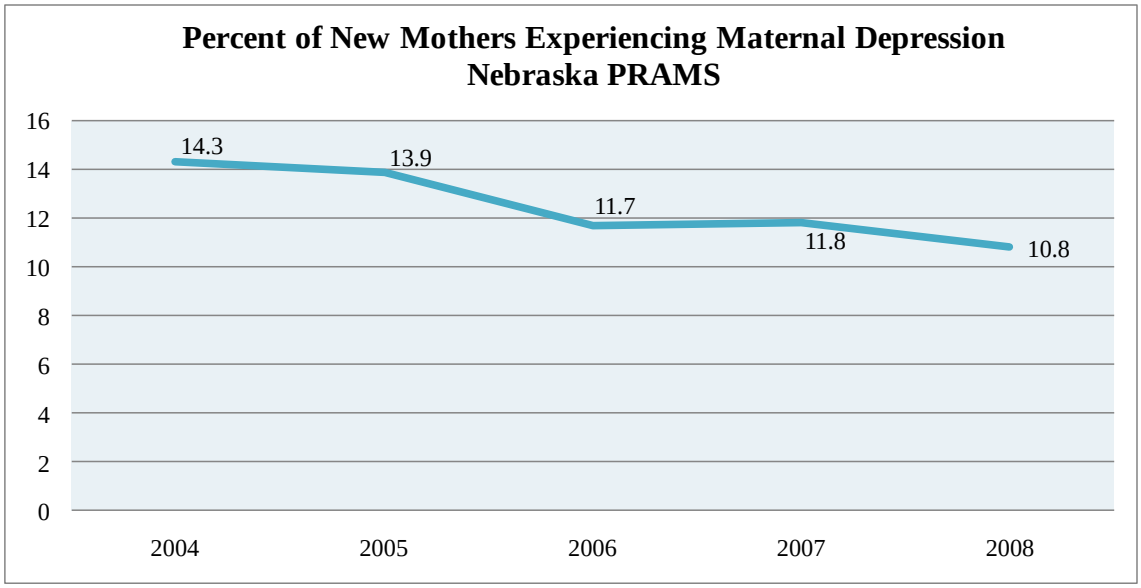
Goal, Indicators and Relevant Data

GOAL: The early childhood social, emotional and behavioral health needs of Nebraska's children are met.

Indicator 5: *Prevalence of new mothers who experienced maternal depression related to their most recent pregnancy:*

Depression can interfere with a mother's ability to care for herself and her baby and have a long-term effect on the development of her child. According to Nebraska PRAMS[7], a mother is considered at risk of postpartum depression if she reported that she always or often felt down, depressed or hopeless, OR if she reported always or often having little interest or pleasure in doing things.

Over the five years (2004-2008) these data have been collected, the average rate was 12.5% with a high of 14.3% in 2004 and a low of 10.8% in 2009. These numbers represent a significant linear decline. This decline may be due to raised awareness of depression and its risks leading to earlier intervention.



Indicator 6: *Percent of Kids Connection eligible children receiving mental health treatment*

This indicator focuses on the identification of social-emotional-behavioral issues among Nebraska children and access to treatment. Data for this indicator are limited to those children enrolled in Medicaid or CHIP and do not provide a comprehensive picture of mental health services for all Nebraska children.

[7] Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), Nebraska Health and Human Services, http://www.dhhs.ne.gov/prams/

On average, 7% of all children 0-8 years enrolled in Medicaid/CHIP benefit programs received mental health treatment services over the past five years (2004 through 2009).[8] The range went from a high of 7.9% in 2007 to a low of 6% in 2009. Interpretation of this indicator is limited by the lack of comparison data for children not receiving benefits through Medicaid/CHIP.

Highlights and Developments: Mental Health/ Social and Emotional Behavioral Health

Children's Behavioral Health System

In 2007 Nebraska developed a new strategic direction for behavioral health services for children and adolescents. The vision for children's behavioral health was:

> *To provide children, adolescents and their families with the right services, in the right amount, at the right location, for the right length of time, at an affordable and sustainable cost.*

There is a range of children and families needing support for social/emotional issues of children. There are families who need basic prevention education efforts to assist children with their social/emotional development, there are families who need assistance with both social/educational interventions only, there are families who need medical interventions only, and there are families who need both medical and social/education interventions to address their children's mental health needs. Children's Behavioral Health crosses several divisions of the Department of Health and Human Services including the Division of Behavioral Health, Division of Children and Family Services, Division of Developmental Disabilities, Division of Medicaid and Long Term Care, and the Division of Public Health. The behavioral health system also includes Regional Behavioral Health Authorities who design and develop a system of behavioral health services including services for children and adolescents.

The strategic focus of the children's behavioral health services is to develop:

- Uniform screening, assessment and referral process for children.
- Increase availability of mental health professionals with expertise in working with children and adolescents and services statewide.
- Promote effective services
- Develop standard measures for determining outcomes.
- Provide coordinated response for children with multiple needs spanning child welfare, juvenile justice and education.

Core values of the children's behavioral health system are:

- Child-centered and family-focused
- Cultural and linguistic competence
- Community-based

In April 2006 there were 7,803 children that were state wards in Nebraska. By December of 2007 there were 6,983 state wards. The behavioral health system was to develop a more balanced array

[8] Nebraska Department of Health and Human Services, Medicaid Claim Data 2004-2007. Unpublished

of services that allowed children to remain in their homes. Rather than have 70% of children in out-of-home placement and 30% of children in their homes to flip it and move toward having 70% in in-home care and 30% in out-of-home care by January 2011.

FRIENDS-Fostering Relationships and Emotional Health to Nurture Developmental Success

Cross-agency representatives through a state leadership team, convened in 2006, have continued collaborative work to establish a responsive and coordinated statewide system of information, education, support and resources to better address the social-emotional development and related needs of young children and their families. The team's vision *"All young children in Nebraska will have access to services that meet their social-emotional, and behavioral needs",* was captured organizationally under the "umbrella banner" of *friends*. It is intended that *friends* identifies various state-sponsored initiatives, projects and activities that share this vision, have complimentary goals and desire to work together. It acknowledges a "coming together" of many for more intentional coordination, identification of benchmarks and the measurement of success in achieving this vision.

One primary focus since 2008 has been that the Teaching Pyramid implementation (described below) as well as information sharing and planning regarding other relevant work such as that of early childhood mental health workgroups, projects to improve outcomes for children in the child welfare system, the Early Development network's attention to CAPTA referrals, and work such as Helping Babies from the bench (also described in this report). Future coordination of this work is being considered by the ECICC, the Early Childhood Systems Team and other state agency endeavors.

Teaching Pyramid

Nebraska was selected in 2007 for state technical assistance through the Center for Social Emotional Foundations in Early Learning (CSEFEL) to support implementation of the research-based Teaching Pyramid, a model framework for promoting children's social-emotional competence and to assist in prevention and/or to address challenging behavior in young children. The Pyramid framework includes a comprehensive approach of increasing levels of intervention, beginning with a foundation of an effective workforce and moving upward: 1) positive and nurturing relationships with children, families, and colleagues; 2) a supportive and responsive learning environment; 3) social and emotional teaching strategies; and 4) inclusive early childhood positive behavioral intervention and support strategies (PBiS).

The framework and strategies of the Teaching Pyramid can be used by any early childhood care and education program serving children birth to five. For maximum benefit, the entire staff, along with parents, should be committed to implementing the program-wide strategies. Expectations for implementation of the model include a local leadership team be established, a self assessment conducted, and an implementation plan created that includes training, coaching, strategies for including parents, and regular review and reflection about success in implementing the plan.

Necessary Infrastructure for Teaching Pyramid Implementation

The Nebraska Department of Education's Early Childhood Training Center (ECTC), along with the professional development team associated with the CSEFEL work, developed a self-

assessment tool to assist early childhood programs in determine what changes might be useful before implementing the Teaching Pyramid. The self-assessment is designed to help early childhood programs self-assess their current practices and policies in supporting social and emotional development in young children. This process is intended to optimize the readiness for and focus on change and establish a climate of commitment to program-wide implementation. The self-assessment is downloadable from http://ectc.education.ne.gov/partnerships/ecmh/pbs.htm.

Planning for State-wide Implementation

The past two years of CSEFEL training and technical assistance have provided opportunity to observe and determine the elements of state and local infrastructure that will be essential to successful replication of Teaching Pyramid practices across the state. The foundation of this infrastructure is being established through a cadre of specialized trainers and coaches who can be deployed through the state's Early Learning Connection, the regional system of early childhood professional development. These trainers and coaches will be essential supports to local program implementation that begins with local leadership team development and definition of planning and implementation monitoring processes. One persistent challenge is that of committed resources to build and enhance the sills of all involved. An equally important element of the infrastructure that is being refined by the Teaching Pyramid Steering Team is that of consistently used fidelity measures and data collection that will inform about outcomes achieved.

Demonstration Sites for Teaching Pyramid

Four demonstration sites have been assisted by CSEFEL's technical assistance and training in implementing the strategies of the Teaching Pyramid. The four CSEFEL Demonstration sites listed will be useful as resources to other programs that are implementing the Teaching Pyramid.

Cedars Youth Services, Lincoln: Cedars is implementing the Teaching Pyramid strategies at their downtown site and piloting the Parent Module. The Parent Module can be found at http://www.vanderbilt.edu/csefel/resources/training_parent.html.

Merrick County Child Development Center, Central City: This demonstration site is supported though the Nurturing Healthy Behaviors grant held by the Child and Family Development Corporation in Hastings. The center is implementing activities with all families that parents can do at home with their children to support their social emotional development.

Child Saving Institute Child Care, Omaha: Child Saving Institute is a demonstration site and a partnering agency in Kid Squad. This new center exhibits best practices and a model nature education playground. They have identified three classrooms for implementation infant, toddler, and preschool. Each classroom reflects on their strengths and needs. They display dedication to young children's mental health through onsite mental health therapists who work with the children, staff, and parents at the center.

Plattsmouth Early Childhood Programs, Plattsmouth: Located in a school building devoted to early childhood, the blended classrooms include private, Head Start, state and early intervention funding streams. A preschool classroom is the demonstration site, however they are providing training and implementation program wide. a program coach, provides coaching for the staff. The staff are trained in 2 ½ hour sessions. There are examples of implementation throughout the building including social stories, activities that help children learning to name emotions, and "friendship art".

Helping Babies from the Bench

Helping Babies from the Bench is a series of multi-disciplinary trainings and follow-up action planning that is focused on infants and toddlers in the child welfare system. The training assists those who work with child court cases and other stakeholders to ensure best possible outcomes for children. Topics included Part-C early intervention services, the impact of stress, neglect and trauma on child development, focusing on the Pre-Hearing Conference and Protective Custody hearing on the infant or toddler, and infant/parent relationship therapy. Led by Judge Douglas Johnson of the Separate Juvenile Court of Douglas County, the group of trainers includes a child psychologist, an early development specialist, an education specialist, and an infant-parent relationship therapist. The 2009-2010 trainings have been co-sponsored by the Through the Eyes of a Child Initiative and the Early Development Network and are continuing through 2011. The web link for accessing more information on the program is http://www.throughtheeyes.org/training-opportunities/2011_helping_babies_workshops.php.

New Services in Children's Behavioral Health

In 2009 the Nebraska Legislature passed the Children and Family Behavioral Health Support Act, LB 603. The bill passed after the "Safe Haven" experiences in Nebraska brought forth a large number of families struggling with their children's behavioral health needs and having found few resources to assist them. New services implemented with the passage of LB 603 were the Nebraska Family Helpline, the Family Navigator program and Right Turn. The goal of all three programs is to provide empathetic support to families in meeting the needs of their children who may be experiencing behavioral and emotional problems. The programs generally focus on helping families clarify their concerns, identify their strengths and needs, and develop plans to address the needs.

The Nebraska Family Helpline provides assistance 24 hours per day, 7 days a week and 365 days per year. The helpline has specially trained operators answering the phone, clinical oversight is provided by Licensed Mental Health Professionals.

Family Navigators are specially trained and have relevant system and life experience with children's behavioral health issues. The program uses a peer mentoring model. Referrals come only through the Family Helpline. Family Navigators make first contact with the family referred within 24-72 hours. Family Navigators provide an average of 8 hours of service within 45-60 days.

Right Turn is a program to assist families after adoption or guardianship to ensure that the adoptive parents and other caregivers have adequate support to deal with the special issues they face.

A fiscal year 2010 Evaluation Report conducted by Hornby Zeller Associates Incorporated found during the first half year of operation the Nebraska Family Helpline handled nearly 1,500 documented calls. The vast majority of these calls were either standard inbound calls, i.e., calls in which a family was seeking referral to appropriate services or information and referral calls. The helpline made 249 direct referrals to Family Navigator services. Callers to the Helpline cited multiple reasons for their calls. The most frequent issues had to do with family relationships issues, including children not following rules, aggression and anger, and arguing and lying. The children about whom they were calling tended to be older with 70 percent over the age of 13, and male (55%).

For a full copy of the evaluation report go to: http://www.hhs.state.ne.us/beh/mh/childmh.htm

The Department of Health and Human Services recommended to the Governor and the Legislature that the funding for the Family Helpline and Family Navigator be eliminated for the 2011-2013 biennial budget reductions, but the Governor's budget recommended the programs for re-appropriation.

Gaps and Barriers: Mental Health/Social and Emotional Behavioral Health

Resources to address the social and emotional needs of young children

Nebraska has developed several initiatives to address young children's social and emotional development. However, the demand far exceeds the available resources. State agencies have pooled resources in order to develop social/emotional supports for young children. Planning Region Teams from across the state indicate there is a lack of resources to meet the social-emotional needs of young children. The ECICC's Gaps and Barriers Committee has and continues to hold this work as a priority for problem-solving and ongoing monitoring to achieve equitable access to resources and support throughout the state.

More mental health professionals prepared to work with young children

There continues to be a need for more mental health professionals who are prepared to work with children birth to age five and their families. There continues to be a need for more early childhood care and education professionals trained and implementing the Teaching Pyramid as well as Helping Babies from the Bench, that have been described elsewhere in this report.

The reality of the situation is that without children having social and emotional skills and strong attachments to caregivers, and caregivers to children, learning becomes very difficult. Focusing simply on cognitive development without meeting children's social/emotional needs will not help children become successful learners.

C. Early Care and Education

Goal, Indicators and Relevant Data

GOAL: Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children.

Indicator 7: *Percent of licensed child care providers receiving child care subsidy*

The child care subsidy is a supportive resource designed to assist low income families in purchasing quality child care services in order to work or attend school. The child care subsidy is administrated by NDHHS and is primarily funded by the federal Child Care and Development Funds, state matching funds, and federal TANF funds.

In 2010, 45.8% of 4,104[9] licensed providers accepted and received the child care subsidy. The number of providers receiving the subsidy has declined since 2008; this decline, however, is not statistically significant. Knowing and tracking the proportion of licensed providers who receive payments helps to understand access to child care services for families in need, however, many families that would qualify don't apply. Thus a change in the rate of providers receiving the subsidy does not necessarily reduce amount of unmet need.

Indicator 8: *Number of licensed child care slots per 1,000 Nebraska children (0-8)*

This indicator illustrates the capacity of the regulated childcare system to adequately serve children and families. The goal is for all children to have access to high quality developmentally appropriate care. Unfortunately, there is no standard measure used to determine quality, and licensing regulations are minimal. The indicator measures the availability of licensed child care slots, but does not measure the number of children who are receiving the care or the unmet demand for services. There were 449.6 available slots per 1,000 children age 0-8 years in 2010.[9]

This rate has remained unchanged over the past several years.

Other Data Relevant to Early Care and Education

Nebraska Department of Education (NDE) Preschool Classroom Data

Across the country, states have been focusing time and resources on the education of children three to five years old. Nebraska is no exception. Nebraska's prekindergarten effort is comprised of early childhood education classrooms operated by school districts and/or educational service units and their partners.

2009-2010 School Year Data on Children Ages 3 to 5	
# of children served in public school preschool	10,259
# of children English Language Learners	834
# of school districts offering preschool	163
Total funding from federal, state, and local sources for preschool (further described in chart below)	$21,218,373
Rule 11 Requirements for public school preschool	• Certificated teacher • Low staff to child ratios • Limited group sizes • Utilization of a research-based curriculum

[9] Nebraska Department of Health and Human Services, Child Care Subsidy and Licensing program data January, 2010. Unpublished

Each early childhood program participated in the Results Matter, Child, Family and Program Outcome framework to ensure that children are progressing, families' needs are being met, and the program is of high quality.

The most current report regarding longitudinal data for programs funded by early childhood education grants is available at http://www.education.ne.gov/ECH/2008-2009Final_Report%202-11-2009.pdf .

The following chart reflects the state and federal dollars that are utilized to serve children ages three to five through Nebraska's educational service units and public schools.

Federal funds		State funds		Local funds	
IDEA Part B*	$3,463,275	NE ECE Grant^	$3,326,345,	Local District	$2,497,158
IDEA Part C**	$ 349,082	TEEOSA^^	$8,492,851	Parent Fees	$185,822
Head Start	$2,196,507	State Flex Funds***	$102,808	Community Programs	$33,123
Title 1	$349,914			Other	$203,479
Migrant	$1,950				
HHS Subsidy+	$16,059				
Total	**$6,376,787**	**Total**	**$11,922,004**	**Total**	**$2,919,582**

*Individuals with Disabilities Education Act Part B
**Individuals with Disabilities Education Act Part C
+Federal Health and Human Services Child Care Subsidy
^Nebraska Early Childhood Education Grant
^^ Tax Equity and Education Opportunity Support Act (State Aid)
***State Funded Special Education Flexible Funds

Accredited Early Care and Education Programs Data

National accreditation organization	Number of programs accredited in Nebraska		Date of report
	2008	2010	
National Association for the Education of Young Children-(Child Care Centers)	72	65	12/27/2010
National Association for Family Child Care (Family Child Care Homes)	14	9	12/27/2010

Child Find to Identify Infants, Toddlers, and Preschoolers with Disabilities

Nebraska has implemented a comprehensive Child Find System resulting in the identification, evaluation and assessment of infants, toddlers, and preschoolers (birth through age five) with disabilities. Child Find is a state-led, regionally implemented set of activities to get early intervention information to the public, medical providers, schools, child protection services, Migrant and Early Head Start, tribal populations, homeless shelters and child care providers. Regional implementation of Child Find occurs through the Planning Region Teams.

The federal Office of Special Education Programs (OSEP) approximates that out of the general population 1% of infants ages birth to one have special needs, and 2% of the general population of

infants and toddlers ages birth to three have special needs. Nebraska's data appear to be cyclical without a defined pattern.

Ages	December 1, 2008	December 1, 2009	December 1, 2010
Birth to One	181	188	185
Birth to Three	1499	1632	1627

OSEP Child Count Data: Infants and Toddlers verified for Part C (Birth to 3) from Special Education Student Information System (SESIS) for children verified with disabilities according to NDE Rule 51, Regulations and Standards for Special Education Programs.

The annual OSEP child count of young children with disabilities, ages 3-5, served under part B of the Individuals with Disabilities Education Act in 2010 was 5,260. There has been a small consistent increase in the number of children between the ages 3-5 over the last three years. The most frequently verified disabilities for young children (ages 3-5) are: speech and language impairments; other health impairments (includes chronic or acute health problems); and developmental delay.

Age	December 1, 2008	December 1, 2009	December 1, 2010
3	1071	1247	1306
4	1610	1702	1871
5	1841	1960	2083
Total	4552	4909	5260

OSEP Child Count Data: Preschoolers verified for Part B, Ages 3-5 from Special Education Student Information System (SESIS) for children verified with disabilities according to NDE Rule 51, Regulations and Standards for Special Education Programs.

NDE Results Matter Data

Results Matter in Nebraska is a child, program, and family outcomes measurement system designed and implemented to improve program and supports for *all* young children birth to age five (B-5) served by districts and their community partners, which may include Head Start and other community early childhood programs.

Districts and ESUs are expected to serve children within inclusive classrooms that represent a full range of abilities and disabilities and the social, linguistic, and economic diversity of families within the community.

Results Matter is responsive to Nebraska Department of Education (NDE) Rule 11–Regulations for Early Childhood Programs, Rule 51–Regulations and Standards for Special Education Programs, and the federal mandate of the Individuals with Disabilities Education Act (IDEA) Part C (birth to age three) and Part B-619 (ages three to five).

The child outcomes are determined using one of three NDE-required child assessment tools for Results Matter, school districts (LEAs) report child progress data online in these web-based systems:

- Creative Curriculum Developmental Continuum (CreativeCurriculum.net)
- High/Scope Child Observation Record (COR) (OnlineCOR.net)
- Assessment, Evaluation and Program System (AEPSi.com)

Each year NDE submits an Annual Performance Report (APR) to Office of Special Education Programs (OSEP). In February 2010, states were required to report for the first time baseline data in five progress categories for each of the three outcomes. This baseline data (collected FFY 2008-09), represents infants, toddlers and preschoolers (birth to age 5) who met the following OSEP criteria:

- Children who exited from the program in FFY 2008 (2008-2009), and
- Had entry data; and,
- Had been in the program for at least six months.

Given the baseline data, states were also required to set targets for the first time.

The Results Matter online system collects data required by OSEP to monitor Indicator 3 in the Part C Annual Performance Report and Indicator 7 in the Part B Annual Performance Report. These indicators require states to provide on the following three outcomes:

Percent of infants and toddlers (Part C) with Individual Family Service Plans (IFSPs) and preschoolers (Part B) with Individual Education Plans (IEPs) who demonstrate improved:

A. Positive social-emotional skills (including social relationships);
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy; and
C. Use of appropriate behaviors to meet their needs.

OSEP requires states to report progress data in these five categories for each of the three outcomes:

a. Percent of children who did not improve functioning.
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.
c. Percent of children who improved functioning to a level nearer to same-age peers but did not reach it.
d. Percent of children who improved functioning to reach a level comparable to same-aged peers.
e. Percent of children who maintained functioning at a level comparable to same-aged peers.

In addition, OSEP requires NDE to report Summary Statements for each of the three outcomes.

- Summary Statement 1 combines data from two progress categories to reflect the percentage of children who made greater than expected progress at exit.
- Summary Statement 2 combines data from two progress categories to reflect the percentage of children who exited the early childhood program at age level.

Both Summary Statements are calculated according to formulas required by OSEP.

The charts on the following pages contain Nebraska's child progress data for infants and toddlers (Part C) and preschool children (Part B) exiting during FFY 2009 (2009-2010).

Part C Infant and Toddler Actual Progress Data for Children Exiting 2009-2010

Infant/Toddler Child Progress Data for FFY 2009	OUTCOME A: Positive social-emotional skills		OUTCOME B: Acquisition and use of knowledge and skills		OUTCOME C: Use of appropriate behaviors to meet their needs	
	# of children	% of children	# of children	% of children	# of children	% of children
Percent of infant/toddler children who did not improve functioning.	15	3.1% (15/485)	13	2.7% (13/484)	14	2.9% (14/485)
Percent of infant/toddler children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers.	65	13.4% (65/485)	104	21.5% (104/484)	71	14.6% (71/485)
Percent of infant/toddler children who improved functioning to a level nearer to same-age peers but did not reach same-aged peers.	48	9.9% (48/485)	56	11.6% (56/484)	66	13.6% (66/485)
Percent of infant/toddler children who improved functioning to reach a level compared to same aged peers	142	29.3% (142/485)	125	25.8% (125/484)	173	35.7% (173/485)
Percent of infant/toddler children who maintained functioning at a level comparable to same-aged peers.	215	44.3% (215/485)	186	38.4% (186/484)	161	33.2% (161/485)
TOTAL	**485**	**100%**	**484**	**100%**	**485**	**100%**

Infant/Toddler Summary Statement Results	TARGETS FFY 2009 (% of children)	ACTUAL FFY 2009 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	24.0	70.4
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	49.0	73.6
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	21.6	60.7
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	46.9	64.3
Outcome C: Use of appropriate behaviors to meet their needs		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	42.1	73.8
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	55.2	68.9

Part B Actual Progress Data for Preschool Children Exiting 2009-2010

Preschool Child Progress Data for FFY 2009	OUTCOME A: Positive social-emotional skills		OUTCOME B: Acquisition and use of knowledge and skills		OUTCOME C: Use of appropriate behaviors to meet their needs	
	# of children	% of children	# of children	# of children	% of children	% of children
Percent of preschool children who did not improve functioning.	30	2.5% (30/1216)	62	5.1% (62/1216)	22	1.8% (22/1216)
Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers.	210	17.3% (210/1216)	250	20.6% (250/1216)	200	16.4% (200/1216)
Percent of preschool children who improved functioning to a level nearer to same-age peers but did not reach same –aged peers	96	7.9% (96/1216)	165	13.6% (165/1216)	94	7.7% (94/1216)
Percent of preschool children who improved functioning to reach a level compared to same aged peers	306	25.2% (306/1216)	310	25.5% (310/1216)	288	23.7% (288/1216)
Percent of preschool children who maintained functioning at a level comparable to same-aged peers.	574	47.2% (574/1216)	429	35.3% (429/1216)	612	50.3% (612/1216)
TOTAL	**1216**	**100%**	**1216**	**100%**	**1216**	**100%**

Preschool Summary Statement Results	TARGETS FFY 2009 (% of children)	ACTUAL FFY 2009 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program.	46.1	62.6
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	66.7	72.4
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	61.3	60.4
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	72.0	60.8
Outcome C: Use of appropriate behaviors to meet their needs		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	54.0	63.2
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	82.9	74.0

Additional descriptive information on infant and toddler children assessed with each tool

Assessment Tool	Creative Curriculum Developmental Continuum®	High/Scope COR	AEPS	Total # across assessments
Total number of children with entry/exit data in 2009-2010	181	68	236	485
Total number of children with entry/exit data in 2008-2009	152	39	198	389

Average time in program: 16.3 months
Average age at exit: 2.99 years

Additional descriptive information on preschool children assessed with each tool

Assessment Tool	Creative Curriculum Developmental Continuum®	High/Scope COR	AEPS	Total # across assessments
Total number of children with entry/exit data in 2009-2010	478	295	443	1216
Total number of children with entry/exit data in 2008-2009	359	237	364	960

Average time in program: 17.6 months
Average age at exit: 4.78 years

For more information on children with disabilities ages birth to five, see the APRs at the NDE Office of Special Education website: http://www.education.ne.gov/sped/data.html

Sixpence Data

Sixpence, the Early Childhood Education Endowment, is a public-private partnership of $60 million ($40 state, $20 private) with the interest being used to fund school districts in partnership with community providers. The targeted population is infants and toddlers (birth to age three) who are most at risk of starting school behind. Sixpence utilizes the same definition for at risk as the Department of Education's preschool program: 1) participation in the federal free or reduced lunch program; 2) premature birth or low birth weight as verified by a physician; 3) language other than English as primary means of communication; 4) parents younger than 18 or have not completed high school.

In 2009-2010, a total of 360 infants and toddlers and 320 families were served by Sixpence across 11 school districts. Based on each community's need, services were provided either through center-based child care or by engaging the parents in their critical role of parenting and involving parents in their child's development.

Sixpence has just completed its second year of implementation, but includes a comprehensive evaluation process designed to monitor program and child outcomes uniformly across programs. The most significant gain this year was in children's social-emotional skills showing a marked increase in the percentage of children scoring higher in the areas of regulating their emotions and taking initiative. To learn more about Sixpence, go to www.SingaSongofSixpence.org

Head Start and Early Head Start and School District Partnership Development

Head Start/Early Head Start funds in Nebraska serve 60% of the preschool eligible population and only about 2% of the eligible pregnant teens, women, and infants and toddlers. Local school districts also offer early childhood services.

Partnership becomes critical between Head Start programs and school district early childhood programs to ensure that children are served well in all settings. Various partnership models exist among Head Start and school districts in Nebraska. While there are numerous challenges in forming and maintaining partnerships, partnership agreements or Memoranda of Understanding help define the parameters that assist programs in better addressing the needs of all children, including those with disabilities. Effective partnership agreements are critical in order to maximize access to high quality and comprehensive programs that serve young children and their families.

The Head Start-State Collaboration Office is required to assist in local partnership development, and to receive and review agreements between Head Start programs and local school districts. Some of the challenges Head Start and school districts face in partnership agreements include choices around curriculum; assisting children as they transition from one program to another; addressing federal and state regulations around transportation of young children; implementing effective practices for family engagement; and accessing health services.

The Head Start-State Collaboration Office along with the University of Nebraska conducted a qualitative study to explore the process for developing and describing collaboration agreements. The study findings resulted in the development of templates for partnership development. The templates are available as a resource to Head Start and school districts, to help establish partnership agreements that define and promote meaningful and sustainable goals and outcomes for young children and their families.

2009-2010 Head Start Program Information Report

Total Cumulative Enrollment	Number	Percentage
Children	6,636	96.62%
Preschool Children Ages 3-5 (Head Start, American Indian and Alaska Native and Migrant Head Start)	5,153	77.65%
Infants and Toddlers Ages Birth-2 (Early Head Start, American Indian and Alaska Native and Migrant Early Head Start)	1,483	22.35%
Pregnant Women	232	3.38%

2009-2010 Nebraska Head Start PIR State Profile Report including Region VII American Indian Alaskan Native, Region XI, and Migrant Seasonal Head Start, Region XII

Head Start and Early Head Start Profile Data

		Number
Program Types	Early Head Start	11
	Head Start	19
	Migrant and Seasonal Head Start	1
Agency types	Community Action Agency (CAA)	15
	Private/Public Non-Profit (Non-CAA)	7
	School System	6
	Tribal Government or Consortium	3
Agency Descriptions	Delegate Agency	4
	Grantee that directly operates program(s) has no delegates	25
	Grantee that directly operates programs *and* delegates service delivery	2

2009-2010 Nebraska Head Start PIR State Profile Report including Region VII American Indian Alaskan Native, Region XI, and Migrant Seasonal Head Start, Region XII

Head Start Performance Indicators*		Nebraska			National		
		HS	EHS	MSHS	HS	EHS	MSHS
11	Number of classroom children per classroom teaching staff (teachers and teaching assistants)	5.69	2.71	3.25	7.83	3.45	4.74
12	Average class size	13.49	7.05	13.00	17.01	7.56	12.49
14	Percentage of preschool classroom teaching assistants that meet the degree/credential requirements	79.47%	N/A	50.00%	77.01%	N/A	54.08%
15	Percentage of preschool classroom education coordinators that meet the degree/credential requirements	82.86%	N/A	50.00%	68.33%	N/A	40.09%
17	Percentage of preschool classroom teachers that meet the current degree/credential requirements	99.67%	N/A	91.67%	97.32%	N/A	89.30%
24	Percentage of funded enrollment reported as children with an IEP (Individual education plan)	18.31%	N/A	0.00%	96.69%	N/A	4.36%
25	Percentage of funded enrollment reported as children with an IFSP (Individual family service plan)	N/A	13.21%	0.00%	N/A	13.75%	2.78%

* Health and Dental Indicators in Medical Status Section

2009-2010 Nebraska Head Start PIR State Profile Report including Region VII American Indian Alaskan Native, Region XI, and Migrant Seasonal Head Start, Region XII

Highlights and Developments: Early Care and Education

Kindergarten

In 2009, the Education Committee of the Nebraska Legislature conducted an interim study to examine issues related to early childhood education and kindergarten eligibility. This resulted in the introduction and subsequent passage of LB 1006, which:

- Changed the eligibility date for children entering kindergarten. Currently, children who turn 5 on or before October 15 of the current school year are eligible to enter kindergarten when school starts in the fall. Beginning with the 2012-2013 school year, children must be 5 on or before July 31 to enter school.
- Requires local school boards to approve and make available a recognized assessment procedure for determining if a child is capable of carrying the work of kindergarten- **if** the child turns five between August 1st and October 15th of the school year.

The Nebraska Department of Education (NDE) has created materials to assist families and schools to prepare children for kindergarten and to ensure that the kindergarten experience is most beneficial for each child.

- A position statement from NDE outlines current research on kindergarten and includes recommendations for policy makers, educators, families, and communities. It is available at http://www.education.ne.gov/ECH/KStatement.pdf .
- A page of frequently asked questions has been created to inform families, schools and communities about LB 1006. It is available at http://www.education.ne.gov/ECH/kgn/entrance_faq.html .
- A companion document to guide in the implementation of Nebraska's revised standards in the areas of mathematics, and reading, writing, speaking, and listening for kindergarten teachers entitled *Early Learning Guidelines for Kindergarten*_ is available at http://www.education.ne.gov/ech/Kindergarten_ELG.pdf .

System of Support to Improve Quality

The collaborative work of the Nebraska Department of Health and Human Services and the Nebraska Department of Education is to develop a unified early childhood data system that can better inform program quality improvement efforts. Key components of the early childhood data system include early childhood workforce education and professional development data, program quality data, and child health data, and assessment of children's learning and development data to better understand children's outcomes and ways programs can better support children.

The State Advisory Council Grant is providing support for development of recommendations for the unified early childhood data system. A data summit is planned for June of 2011 to gather key stakeholders' perspectives on recommendations for the development of unified early childhood data system. The data system will provide information that assists early childhood programs in working toward quality improvement.

Gaps and Barriers: Early Care and Education

Continuing challenges to deal with geographic distances

Nebraska's early childhood care and education system deals with great distances within geographically defined regions. Service providers remain constantly challenged in trying to deliver early intervention services in this state. Services coordinators may travel 400 miles in a single day to see a family with a child with special needs. Budgets for services coordinators may include traveling 10,000 miles in a year to deliver services to Nebraska's youngest children.

Finding specialists that can address the needs of children from birth to age eight can be challenging. Educational services are located across the state through Educational Service Units or local school districts; however, finding the support resources to assist families can sometimes be the greater challenge. For families they may have to travel to Omaha, Lincoln, or Denver to access medical, dental, mental health, or developmental specialists that can assist their children.

Finding available and qualified interpreters

Local providers remain challenged in trying to serve families who are English Language Learners or whose first language is anything other than English. In addition there is the need for available and qualified sign language interpreters for families who are deaf or hearing impaired. There is a need to have more available and qualified bilingual staff or interpreters to assist providers in better serving young children and their families in Nebraska. Geographic distance challenges also impact where and how accessible interpreters maybe for those delivering services.

Integration or alignment of data systems among Head Start and state data systems

Currently, only those Head Start children that are served in highly-blended early childhood programs administered by school districts or Head Start services directly administered by school districts (i.e., Omaha Public Schools is the federal Head Start grantee), are able to be included in our state education data system. This prevents us from seeing the whole picture of early childhood programs and services and prevents us from using our data to inform program improvement and policy in a more thoughtful and formal way.

Services for children from birth to age 3

Nebraska has early intervention services to provide for children with developmental delays or disabilities from birth to age three. There are also Early Head Start programs for children birth to age three from low income families in some areas of the state. However, for most children from birth to age three there are few high quality programs offered across the state. The Sixpence program was created to begin to address the developmental needs of our state's youngest children. Sixpence is committed to continual funding as long as the programs are meeting the quality standards. The Board of Trustees have not been able to open up funding for additional programs since its inception due to the economic downturn and the fact that these public-private dollars are invested and only the earnings from the investments are utilized. Understanding how important the first three years are in young children's development it needs to be emphasized that expanding Nebraska's ability to offer high quality early childhood services for infants and toddlers is critical to the state's economic future and young children's learning and development.

Disparities in Head Start teacher degree completion and salaries

While strides have been made to help Head Start and Early Head Start teachers meet degree requirements that are commensurate with what public schools require, the salary disparities between schools and non-school administered Head Start programs still provide challenges for stabilizing the teacher workforce in Head Start programs and therefore can have implications for the quality of learning for those children most vulnerable in our state. Also, since Head Start is not considered a "school" in Nebraska, there may be limited access to other program supports, such as federal E-Rate discounts are not available.

Early childhood transportation

The other barrier that was identified by the ECICC Gaps & Barriers Standing Committee was "transportation" in the broadest sense, (i.e., safety, regulations, equipment, policies, etc.) The Early Childhood Transportation Task Force developed recommendations in 2008 and have spent the last two years disseminating the recommendations to identified stakeholders and groups across the state. The primary focus was the alignment, or lack thereof, of Head Start federal transportation regulations with the Nebraska Department of Education Pupil Transportation regulations. The Task Force will reconvene in 2011 to identify future goals.

Need to access professional development other than through face to face training

Nebraska has a well-defined and established professional development system that offers training to all types of early care and education providers in the state. Providers indicate it is difficult to have many early childhood professionals gone from the same program at any one point in time to participate in face-to-face training. It would be helpful to providers to have more options for accessing recorded and/or videotaped training. Online offerings or interactive training via the web of similar information offered face to face would increase the number of providers who can access training their colleagues may have participated in face-to-face.

D. Access to Health Care: Medical and Dental Home

Goal, Indicators and Relevant Data

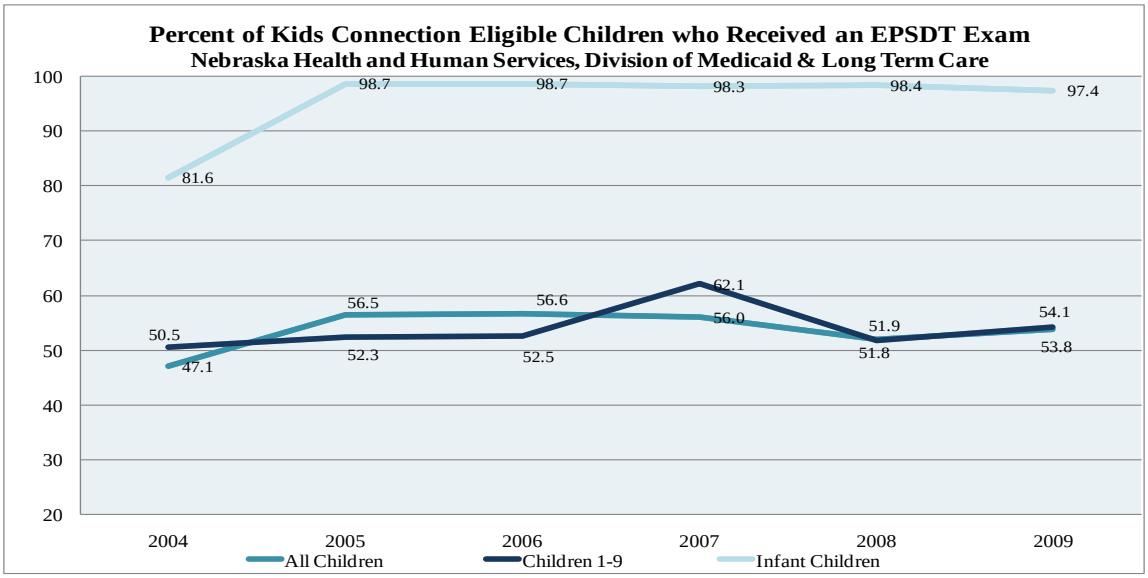
GOAL: All Nebraska children have access to a medical/dental home and receive high quality health services.

Indicator 9: *Ratio of licensed physicians and licensed dentists to the number of children (0-8)*[10]:

Having access to a medical provider is key to having a medical home. In 2009 Nebraska had a total of 3,499 physicians and 1,002 dentists. There were 19/93 counties without a physician and 22/93 counties without a dentist. The ratio of all providers (physicians and dentists) per child age 0-8 was 1:52 in 2009. However, when considering only pediatricians, family and general practice physicians, and dentists, the ratio is one provider for every 121 children. This remained largely unchanged between 2004 and2009. In 2009, 51% of all medical providers were practicing in Douglas County, Nebraska.

Indicator 10: *Percent of Kids Connection-eligible children who received an EPSDT exam during most recent state fiscal year*:

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. Required in every state, it is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. EPSDT addresses physical, mental, and developmental health needs. Screening services "to detect physical and mental conditions" must be provided at periodic intervals, as well as diagnostic and treatment coverage.[11]



[10] University of Nebraska Medical Center, Health Professions Tracking Center Directory of Nebraska & Western Iowa Healthcare Resources 2009-2010.

[11] US Department of Health and Human Services, Health Resources and Service Administration. http://www.hrsa.gov/epsdt/default.htm

In 2009, 53.8% of eligible children received at least one periodic exam. The average rate from 2004-2009 was 53.6%, ranging from a low of 47.1% in 2004 and a high of 56.6% in 2006. There was no significant linear increase in these rates. When considering only children 1-9, the average rate was 56.9%, only slightly higher than that of all children (53.6%) but significantly lower than the average rate for infants of 95.6%.

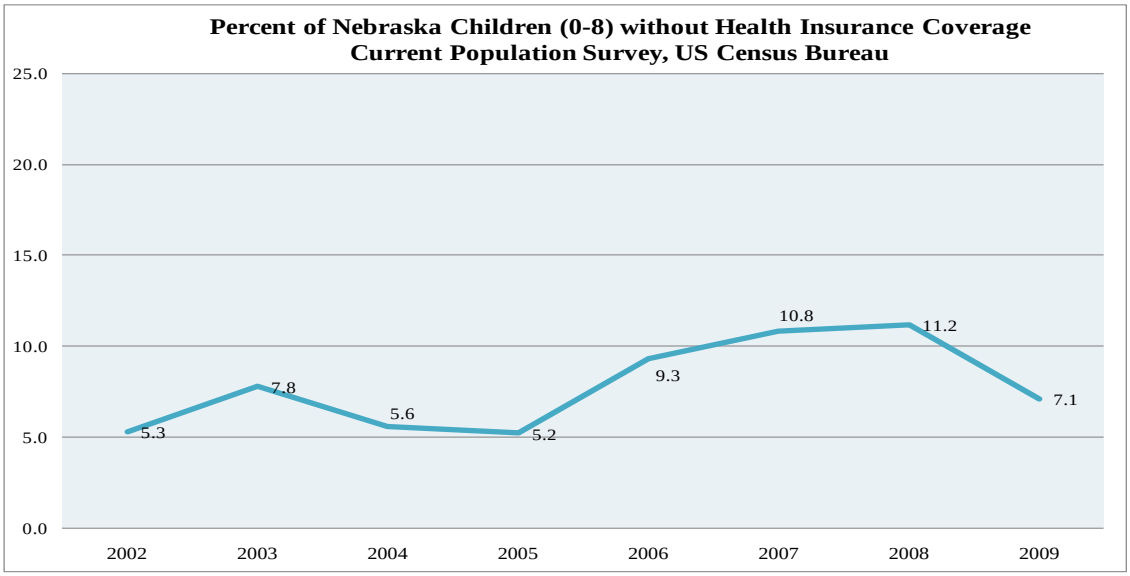
Indicator 11: *Percent of children 19 through 35 months who have received the 4:3:1:3:3:1 immunization series:*

A fully vaccinated child is an indication that the child has received preventive medical care. According to The Centers for Disease Control, the immunization rate for Nebraska's young children averaged 74.3 % between 2004 and 2009, ranging from a high of 82.9% in 2007 to a low of 59.9% in 2009 (no significant trend).[12] The lower rate is at least partially due to a shortage of Hib vaccine (the second 3 in the series 4:3:1:3:3:1) that began in 2007 and ended in April of 2010. The drop in the vaccination rate therefore does not necessarily indicate a lack of preventative care for children.

Indicator 12: *Percent of Nebraska children (0-8) who do not have health insurance coverage:*

Health insurance at a young age is an important indicator of access and quality of health care. Children with health insurance are more likely to have a Medical Home and receive timely comprehensive care. Access to well-child health care early in life is a crucial component contributing to prevention of chronic health issues over the lifespan.

According to the US Census Bureau the rate of young children without health insurance in Nebraska has been increasing over the past several years, although the *linear* increase is not statistically significant. In 2009, the rate was 7.1%, down from a seven year high of 11.2 % in 2008.



[12] Centers for Disease Control and Prevention, National Immunization Survey, Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area Q1/2009-Q4-2009. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2009.htm

Other Data Relevant to Access to Health Care

Children's Access to Medical/Dental Home

Children's health care coverage for qualified children is provided by the state of Nebraska through the Nebraska Medical Assistance Program (Medicaid) and the Children's Health Insurance Program (CHIP), which is a Medicaid-expansion program. Children's health care coverage in Nebraska benefits children by helping to prevent diseases, finding and treating problems early, and maintaining good health and development.

Enrollment in Medicaid and CHIP

	2008	2009	2010
# of children under the age of nine enrolled in Medicaid and Children's Health Insurance Program (CHIP)	77,967	80,902	88,255
Estimated Number of children under age nine (2010 Census)			245,712
Estimated % of children insured by Medicaid and CHIP			36%

Source: Staff, DHHS Division of Medicaid and Long Term Care

Insured/Underinsured People in Nebraska

Many people in both rural and urban areas of Nebraska have experienced difficulty in gaining access to timely health and medical services. According to the US Census Bureau there were 205,309 people (11.5%) in Nebraska without health insurance coverage in 2009, up from 13.2 % in 2007. It is unknown how many are underinsured because their insurance policy includes a high deductible and coinsurance payments. In many cases, underinsured families fail to receive appropriate preventive care and may delay seeing a primary care practitioner until a medical problem becomes more serious. Racial and ethnic minorities are disproportionately represented among the uninsured. For many individuals, the lack of health insurance coverage is magnified by language and other cultural barriers. *Source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010*

Live Births in Nebraska

2008 Live Births in Nebraska	26,992
2009 Live Births in Nebraska	26,931
Crude birth rate in 2009	15.0 live births per 1,000 population

Nebraska Vital Statistics Birth Highlights

Low Birth Weight Rate

Long-term trends show that Nebraska's annual low birth weight rate has increased steadily since falling to an all-time low of 52.8 in 1990. Low weight birth rates in Nebraska declined throughout the 1970s and 1980s, before reversing direction in the 1990s and during the present decade.

For many years, Nebraska's annual very low birth weight rate showed no consistent trend in any direction, but between 1986 and 1996, it rose by about 50%, and has changed little since. *Nebraska Vital Statistics Highlights*

Low and very low birth weight numbers and rates

2009–number of low birth weight babies (less than 2500 grams or 5 ½ pounds)	1,923
2009–low birth weight rate	71.4 per 1,000 live births
2008–low birth weight rate	70.7 per 1,000 live births
2009– very low birth weight (less than 1500 grams or 3.3 pounds at birth)	318
2009– very low birth weight rate	11.8 per 1,000 live births

Prenatal Care

Nebraska used the Kotelchuck Index for the first time in 2005 as an indicator of the adequacy of prenatal care. This statistic combines information from the birth certificate concerning when prenatal care began and the number of prenatal visits from when prenatal care began to delivery. Using this measure, 14.7% of Nebraska's 2009 live births occurred among women who did not receive adequate prenatal care, compared to 14.6% in 2008. *Nebraska Vital Statistics Birth Highlights*

Prenatal care rates in 2009

2009–prenatal care during first trimester of pregnancy	72% of all Nebraska live births
2009–percentage when missing data excluded	73.9% of all Nebraska live births
Kotelchuck Index	14.7% of Nebraska live births occurred among those who did not receive adequate prenatal care

Birth Defects

The birth defect rate for 2009 is 26.7 cases per 1,000 resident live births and stillborns, and is an increase from the 2008 rate of 23.9. Nebraska's 2009 data also show that birth defects were reported over four times more often among low birth weight (less than 2500 grams) babies than among babies of normal weight, and that they were more likely to be diagnosed among males and children born to women 40 years of age and older. *Nebraska Vital Statistics Birth Highlights*

Number and type of birth defects in 2009

Number of children born with birth defects in 2009	722
Total number of birth defects diagnosed among children in 2009	1,158
Child birth defects rate	26.7 per 1,000 resident live births and stillborns
Most common type of birth defects in 2009	396 defects of the circulatory system (34.2%)
Other most frequently reported birth defects	Musculoskeletal conditions (178 diagnoses) Genitourinary system defects (149 diagnoses)

Infant Mortality

Neonates (infants less than 28 days old) accounted for the majority of Nebraska's 2009 infant deaths, with a count of 89, while post-neonates (infants between 28 days and one year of age) accounted for the remaining. *Nebraska Vital Statistics Death Highlights*

Number and rate of infant deaths in 2009

2009 Infant Deaths	145
2009 Infant Mortality rate	5.4 per 1,000 live births
Disparity in infant mortality rate for racial/ethnic minorities	African Americans infant mortality rate- 11.2 per 1,00 live births Caucasian infant mortality rate- 5.6 per 1,000 live births
2009 leading cause of death	Birth defects (38 deaths)
Low birth weight babies	98 infant deaths (73 were very low birth weight)

Mortality Information from the Child Death Review Team

The Nebraska Child Death Review Team (CDRT) was established by the Nebraska Legislature in 1993 and charged with undertaking an ongoing, comprehensive review of existing information regarding child deaths in Nebraska. African-American children continue to have significantly higher death rates than White children. Deaths attributed to Sudden Infant Death Syndrome (SIDS) are a major contributor to this disparity. Native American, Asian and Hispanic death rates are also higher, but these differences were not statistically significant.

Pregnancy-related factors such as prematurity, maternal complications, and events of labor and delivery were the underlying causes of one-quarter of all infant and child deaths in 2007 and 2008, the largest single cause of death category. Diagnosed deaths from Sudden Infant Death Syndrome (SIDS) have declined considerably in Nebraska over the past decade, but the larger category of sleep-related deaths continues to claim 15 to 20 infants each year. The decline in sudden deaths in infancy has occurred as more parents and care givers have recognized the dangers associated with infants sleeping on their stomachs, and adopted the recommendations of the "Back to Sleep" campaign. However, there are still children who are not placed to sleep on their backs. It is also becoming clear that many deaths that are called "SIDS" are actually unintentional suffocations. Excess blankets and pillows, sleep surfaces not designed for an infant, second-hand tobacco smoke and other impediments to infant breathing have emerged as major risk factors for the sudden death of infants. *Nebraska Child Death Review Report 2007-2008.*

Child death rates

2007-2008 number of Nebraska children that died	550
Percentage decrease in death compared to 1993	19% lower
1993 child death rate	82.6/100,000 children (ages 0-17)
2007-2008 child death rate	61.4/100,000 children
Leading causes of deaths	Pregnancy-related birth defects Motor Vehicle Related Incidents Sleep-associated

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Nebraska Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition and health information, healthy foods, breastfeeding support and referrals to other community services for pregnant, postpartum and breastfeeding women and infants and children under five years of age. The WIC program is available at approximately 100 clinic sites located throughout Nebraska. The program currently serves about 45,000 participants each

month. Participants shop for WIC approved foods at over 400 authorized stores across Nebraska. In addition, there are three tribal WIC programs that serve others beyond those indicated in this report.

In 2009, Sixty nine percent (69%) of mothers participating in the WIC program breastfed their infants. Sixty percent (60%) were still breastfeeding five weeks after the baby was born.

Early Hearing Detection and Intervention

Significant hearing loss is one of the most common birth defects with an estimated incidence rate of one to three per thousand live births. Left undetected, hearing loss in infants can negatively impact speech and language acquisition, academic achievement, and social and emotional development. Before newborn hearing screening, many hearing losses were not diagnosed until 2 ½ to 3 years of age. If detected early, however, the negative impacts can be diminished, and even eliminated, through early intervention. Recent studies have consistently shown that children who were identified with a hearing loss later in childhood have delays in the development of speech, language, social and academic skills compared with those identified during the first six months of age.

In 2000, the Infant Hearing Act established newborn hearing screening in Nebraska. The statute requires birthing facilities to educate parents about newborn hearing screening, to voluntarily begin screening newborns for hearing loss, and, by December, 2003, to include hearing screening as part of the standard of care and to establish a mechanism for compliance review.

The number of birthing facilities conducting newborn hearing screening has increased rapidly from 2000 when only 11 hospitals were conducting either targeted or universal newborn hearing screening (see Table 1). Since 2003, 100 percent of the birthing facilities in Nebraska have been conducting hearing screenings. In 2009, 57 of the 58 birthing facilities conducted the hearing screenings during the birth admission and one conducted the screenings on an outpatient basis following discharge. The table was abbreviated due to similar percentages from 2003-2009.

For 2009 births, audiologists reported identifying 48 infants with a permanent hearing loss, an incidence rate of 1.7 per thousand births. The average age at the confirmation of diagnosis was 138 days and 56% of the confirmatory evaluations occurred within three (3) months of birth. Of the babies born in 2009 and identified with a permanent hearing loss, 81% were verified for early intervention services through the Early Development Network (EDN). Of those verified, 79% were verified prior to six (6) months of age. *Newborn Hearing Screening in Nebraska*

Year	Number of Birthing Facilities in Nebraska	Number Conducting Newborn Hearing Screening	Percentage Conducting Newborn Hearing Screening	Number of Newborns Screened for Hearing Loss	Percent of Newborns Screened for Hearing Lost
2000	69	11	16%	8,978	36%
2001	69	24	35%	15,272	61%
2002	69	57	83%	22,615	89%
2003	67	67	100%	25,275	97%
2008	61	61	100%	26,772	99%
2009	58	58	100%	26,806	99%

Newborn Blood-Spot Screening

The goal of newborn screening for inherited disorders is to identify newborns at risk for certain conditions that would otherwise not be detected until damage has occurred, and for which interventions and/or treatment can prevent damage and improve the outcome for the newborn. The types of conditions screened are endocrine, metabolic, hematologic and other genetic conditions such as cystic fibrosis. Morbidity is variable, depending on the condition. Effects include mental retardation, blindness, deafness, organ damage, seizures, risk of metabolic crisis, chronic illness and stroke. Some conditions if left undetected and not treated, can even result in infant or childhood mortality.

Newborn screening starts with the collection of 5 drops of blood from a simple heel stick onto special filter paper. This specimen is sent overnight 6 days a week to the newborn screening laboratory and tested for several conditions. The laboratory phones abnormal results immediately to the newborn's physician, hospital or submitter, and the State follow-up program. The State follow-up program staff fax and in urgent cases phone the physician with additional information about how to confirm the results, recommended tests to assist with diagnosis, and referral information on available specialists specific to the condition.

Once diagnosed and connected with specialty services when needed, in Nebraska, the newborn screening program helps with the cost to manage some diseases. Patients with conditions requiring metabolic formula and foods (which often are inadequately covered by insurance) can get assistance through the newborn screening program. For conditions requiring pharmaceutical treatment, insurance, Medicaid and SCHIP generally cover those necessary medical expenses.

Screening is mandated for 28 conditions, which until early in 2010 was consistent with the list of core conditions recommended and endorsed by the Secretary of the Department of Health and Human Services. On average about 50 babies each year are saved from serious morbidity and premature mortality. The number of babies spared since adopting the 28-condition panel was: 43 in 2006, 42 in 2007, 47 in 2008, 54 in 2009, and 32 in 2010 (as of 12/2/2010).
The Secretary of the DHHS has recommended including Severe Combined Immune Deficiency (SCID) in the core panel of conditions every State should screen. The Nebraska Newborn Screening Program Advisory Committee has been evaluating capacity to add this to the State required panel, and is developing procedures to address the one element that in Nebraska has been less well-defined: follow-up diagnostic and treatment protocols to ensure any recommendation to require SCID screening includes sufficient plans to meet patient needs when screening test results identified possible patients.

The Secretary of DHHS has also endorsed a more controversial recommendation to include screening for critical congenital cyanotic heart disease (CCCHD), which is point of care testing requiring different modes of follow-up and rapid referral and evaluation, but which could save lives of babies with otherwise undetected heart disease. The Nebraska Newborn Screening Advisory Committee will take this under review and consideration.

Nebraska Head Start and Early Head Start Health and Dental Data

Head Start and Early Head Start programs offer a comprehensive array of services including health, dental, family support, nutrition, and educational services. The following performance indicators are related to the status of health and dental care for children enrolled in Head Start, Early Head Start, and Migrant and Seasonal Head Start programs.

Health and Dental Performance Indicators*		Nebraska			National		
		HS	EHS	MSHS	HS	EHS	MSHS
1.	Percentage of children up to date on a schedule of preventive and primary healthcare per the state's EPSDT schedule	97.1%	97.21%	95.74%	95.05%	89.63%	86.58%
2.	Percentage of children diagnosed as needing medical treatment	16.07%	10.20%	22.22%	15.10%	11.47%	13.81%
3.	Percentage of children receiving medical treatment	94.95%	100 %	100%	95.15%	93.91%	91.26%
4.	Percentage of children with health insurance at end of enrollment year	96.02%	97.46%	93.62%	95.38%	96.17%	85.13%
5.	Percentage of children with a medical home (at the end of enrollment)	95.69%	97.53%	95.74%	96.26%	96.23%	94.93%
6.	Percentage of children with up-to-date immunizations or all possible immunizations to date	101.23%	99.49%	97.87%	102.18%	97.57%	96.81%
7.	Percentage of children with a dental home (at the end of enrollment)	95.81%	80.44%	87.23%	91.83%	68.74%	86.61%
8.	Percentage of preschool children completing professional dental exams	94.26%	N/A	100%	92.25%	N/A	90.97%
9.	Percentage of preschool children needing professional dental treatment	17.85%	N/A	80.59%	83.09%	N/A	79.78%
10.	Percentage of preschool children receiving dental treatment	90.26%	N/A	100%	83.09%	N/A	79.78%

2009-2010 Nebraska Head Start Program Information Report Performance Indicator Report with American Indian and Alaska Native, and Migrant and Seasonal Head Start Data

Highlights and Developments: Access to Health Care/Medical- Dental Home

Major Accomplishments for the WIC Program

- Funding and training was provided to 8 new local WIC agencies to implement the breastfeeding peer counseling program. The Breastfeeding Peer counseling program offers encouragement and support for breastfeeding to women in the WIC program, provided by their peers.
- The first phase of breastfeeding competency training was provided to 200 state and local staff to build skills and emphasize the role of all staff in breastfeeding promotion and support

- A two-day training was held for 120 WIC nurses, dietitians and nutritionists emphasizing the division of responsibility in feeding and eating competence and provided strategies for WIC to work with families to promote healthy weight in children.
- The new WIC food package was implemented on October 1, 2009; the package adds whole grain foods, low fat dairy, fresh fruits and vegetables and helps to promote breastfeeding.
- A new video and written materials were developed and provided to help WIC families select the new WIC foods and use their WIC checks at the grocery store. The materials can be found at http://www.dhhs.ne.gov/wic/
- 422 stores across NE were authorized as "WIC approved" and trained to accept WIC checks for a three year contract period beginning on October 1, 2009.
- Two meetings of the WIC Vendor Advisory Committee were convened each year. The Committee includes representatives from WIC retailers, wholesalers, WIC consumers, WIC local vendor management staff and State WIC staff and provides input on the retail component of the WIC program.
- Phase one of the "Participant Centered Services" project was initiated. The project began with an evaluation of all aspects of the WIC program including state and local policies, clinic environments, and staff skills. The project will enhance the delivery of WIC services and help families adopt positive nutrition and health related behaviors.
- New employee training was provided at the WIC Training Center for 60 new WIC staff statewide.
- A new infant formula rebate contract was implemented with Mead Johnson Nutritionals
- The WIC Retailer web page has been updated and expanded and may be found at: http://www.dhhs.ne.gov/wic/vendorresources.htm Additional WIC web page updates will include pages for WIC families, WIC applicants, WIC staff, and Health Professionals

Nebraska Children's Hearing Aid Loaner Bank

Nebraska has a statewide hearing aid loaner bank, a partnership of the audiology program at the University of Nebraska-Lincoln (UNL), the Nebraska Association for the Education of Young Children (NeAEYC), and the NE-EHDI Program. Beginning in March, 2007, the NE-EHDI Program contracted with UNL for management of the Nebraska Children's Hearing Aid Loaner Bank (NCHALB) and with NeAEYC, a 501(c)(3), non-profit organization, for fiscal administration of the NCHALB. The goal to provide amplification within one week of the request for an initial loan period of six months has been successful. The NCHALB now has 46 digital hearing aids in stock, with a contribution of 30 hearing aids from one manufacturer and with NE-EHDI providing the funds to purchase 35 percent of the of the loaner hearing aids. Additional funding for NCHALB has come from private contributions and one grant from a community foundation. The NCHALB has served 63 children and their families since starting operation. An advisory group has been formed to develop strategies to create funding for permanent amplification for young children whose families do not have the resources to provide it.

Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program

Through the Maternal, Infant, and Early Childhood Home Visiting Program, nurses, social workers, or other professionals meet with at-risk families in their homes, evaluate the families'

circumstances, and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.

There is strong research evidence that these programs can improve outcomes for children and families and also yield Medicaid savings by reducing preterm births and the need for emergency room visits. Based on these findings, the Affordable Care Act provides a total of $1.5 billion for these initiatives over the next five years.

Nebraska was among forty-nine states, the District of Columbia, and five territories that applied for and were awarded funding under this program, demonstrating the broad support that exists for these efforts. States and jurisdiction conducted statewide assessments to identify existing home visiting programs and areas of high need. These assessments will then inform how they use these funds to assure effective coordination and implementation of evidence-based high-quality home visiting programs that are designed to improve maternal and child health, foster healthy child development, and prevent child maltreatment. Federal guidance for developing the implementation plan is to be issued late 2010 or early 2011.

Nebraska's home visitation needs assessment may be found at:
http://www.dhhs.ne.gov/LifespanHealth/Home-Visiting-Needs-Assessment.htm.

Oral Health for Young Children

The Department of Health and Human Services' (DHHS) Office of Oral Health and Dentistry will team up with federally qualified health centers and Nebraska local public health departments to provide basic dental care to children eight and under enrolled in Women, Infants and Children (WIC) and Head Start programs.

The program entitled Oral Health Access for Young Children extends the Office of Oral Health and Dentistry's efforts into areas experiencing severed dental care shortages. A total of $349,000 in federal grant money will be given by the Health Resource and Services Administration (HRSA) to DHHS. In turn, DHHS will award funds to 15 Federally Qualified Health Centers (FQHC) and public health departments in Nebraska.

The program will provide preventive care through fluoride varnishes, a simple application that can help prevent long-term tooth decay. Altogether, 64 or Nebraska's 93 counties will be served by the program. The programs will work closely with Head Starts/Early Head Starts, WIC clinics, preschool and elementary schools, and child cares across the state to improve the oral health of children across the state.

Fifty-two of Nebraska's counties are dental shortage areas. Of those populations, children are among the most vulnerable to the effects of poor dental health. A DHHS survey in 2005 found that 60 percent of children had experienced dental disease by the third grade. Fluoride varnishes can prevent up to 45 percent of dental decay. This eight month program will provide 2-3 varnishes a year for children eight and under.

Gaps and Barriers: Access to Health Care/Medical and Dental Home

Health and Dental Professional Shortages

Nebraska has several designated Health Professional Shortage areas where barriers exist to obtaining adequate health care. In 2010, 62 of Nebraska's counties have been designated, either in full or in part, as primary medical care Health Professional Shortage Areas (HPSAs). In addition, 70 of Nebraska's 93 counties have been designated, in full or in part, as containing Medically Underserved Areas (MUAs) or Medical Underserved Populations (MUPs).
Within state-designated HPSAs, a high degree of shortage exists in each of the defined health specializations:

- 66% (62/93) of Nebraska's counties currently have a shortage of family practice physicians
- 95% (88/93) have a shortage of pediatricians
- 96% (89/93) have a shortage of obstetricians/gynecologists
- 80% (62/93) have a shortage of general surgeons
- 97% (90/93) have a shortage of internal medicine physicians
- 100% have a shortage of psychiatrists.
- 57% (53/93) of Nebraska's counties have a shortage of dental health professionals
- 71% (66/93) have a shortage of pharmacy professionals
- 54% (50/93) have a shortage of occupational therapists,
- 34% (32/93) have a shortage of physical therapists.

Source: DHHS, Office of Rural Health & Primary Care, July 2010.

Referrals from Medical Professionals

Regional planning teams continue to indicate that there are low rates of referrals from the medical community for children who may be experiencing developmental delays, social/emotional and behavioral issues, and or developmental disabilities. Nebraska does provide training to physicians on recognizing and referring to the Early Development Network, however, referrals continue to be low. Continuing to keep physicians aware of the supports that can be accessed by families through the early intervention system can encourage referrals and follow-up for services that young children may need.

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VI. Infrastructure for Early Childhood Care and Education

The Infrastructure section of the report describes the key components of the state governmental system that support the early care and education work in Nebraska. Key components that will be discussed include governance; financing; standards, monitoring and accountability (including child care licensing reporting requirements and data systems development); provider/practitioner supports and professional development; communication; and family leadership development.

A. Governance

Early childhood care and education services are governed primarily through the Department of Health and Human Services, a code agency (reporting directly to the governor), and the Department of Education, a constitutional agency, governed by the State Board of Education. Collaborative working relationships between these two agencies have been ongoing and long-term including the establishment of the two agencies as Co-Leads for administering infant/toddler services through Part C of the Individuals with Disabilities Education Act. A Memorandum of Understanding developed between the two agencies helps support critical infrastructure in early childhood care and education using a portion of the Child Care Development Fund dollars dedicated for infant/toddler support and ensuring quality environments.

The Early Childhood Systems Team was established in 2010 to formalize an interagency planning body that brings the various divisions within state agencies, Head Start grantees, and key stakeholders from local communities, as a working group to move ECICC recommendations and early childhood priorities forward within the structure of state government.

As a part of the Early Childhood Comprehensive Systems initiative, *Together for Kids & Families*, the ECICC chartered a standing committee to support and formalize early childhood multi-systems development. The purpose is to create ongoing collaboration across public and private agencies through which early childhood systems needs for children (prenatal through age eight) will be identified and addressed through strategic action plans. The scope of the Early Childhood Systems Team is as follows:

- Assist in prioritizing recommendations from the Early Childhood Interagency Coordinating Council (ECICC) in the biennial Report to the Governor on the Status of Early Childhood.
- Identify opportunities and, when appropriate, develop strategic action plans for responding to the highest priority recommendations from the ECICC in the biennial Report to the Governor on the Status of Early Childhood.
- Identify early childhood funding opportunities and jointly prepare grant applications that seek to improve comprehensive early childhood systems across Nebraska.
- Identify opportunities to braid funding across agencies to support comprehensive early childhood services and systems.

- Provide policy analysis and develop policy briefs that may assist to inform policymakers, the ECICC, and others of policies and practices that promote high quality comprehensive early childhood services and systems development.
- Identify mechanisms for increased efficiencies in utilizing resources to promote effective service provision, data collection and outcomes measurement, and systems improvement in support of quality
- Maintain regular communication with the Early Childhood Interagency Coordinating Council by providing regular updates on the Team's work. An annual progress report will be submitted to the ECICC summarizing the successes, obstacles encountered, and plans for the next year's work.
- Support the Early Childhood Interagency Coordinating Council's work, when appropriate, in state plan development and recommendations regarding regulatory changes.

B. Financing

Early care and education services are funded with a variety of federal and state funds. The majority of funding for early care and education services is federal funding. Recent increases in state funding have included the early childhood education grants program through the Nebraska Department of Education and the Early Childhood Endowment (Sixpence) program which included both private and public funds to support early care and education programs for infants and toddlers.

The largest source of *federal funds* support:

- Child Care Development Fund
- Individuals with Disabilities Education Act (Part C infant/toddlers, Part B-619 (children 3-5)
- Head Start and Early Head Start
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The largest sources of *state funds* support:

- State portion of child care subsidy
- Early childhood programs operated in public schools
- State funds for medically handicapped children's program

State Advisory Council Grant

The Early Childhood Interagency Coordinating Council submitted a proposal for State Advisory Council American Recovery and Reinvestment Act (ARRA) funds in July 2010. These "stimulus" funds were made available out of the federal Office of Head Start to meet the intent of and to financially appropriate the Head Start Act (§642B), which states:

> The Governor of the State shall (i) designate or establish a council to serve as the State Advisory Council on Early Childhood Education and Care for children from birth to school entry…and designate an individual to coordinate activities of the …Council.

Furthermore, the responsibilities of the Council include

- conduct a periodic statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children birth to school entry including an assessment of the availability of high-quality prekindergarten services for low-income children in the State; and,
- …identify opportunities for, and barriers to, collaboration and coordination" among all types of early childhood programs and services.

The Nebraska Early Childhood Interagency Coordinating Council (ECICC) was designated by Governor Heineman to meet this federal requirement and the ARRA funds through August 31, 2013 will assist the Council in meeting these requirements with a focus on two key priorities over the next few years:

1) **School Readiness** will be explored by discussing with families, schools, and communities what school readiness really means, what types of supports may be available or needed to support young children as they enter school and what is needed to support schools as they prepare young children. A public media initiative will also be part of this focus; and,

2) **Unified Early Childhood Data Systems** will focus on gathering input from key stakeholders, better understanding and defining what data we have, and opportunities and recommendations for developing a unified data system.

ARRA Funding

CCDF ARRA Funds and Activities

The Child Care Subsidy program serves approximately 27% of Nebraska's 47,000 children 0 – 5 at risk of starting school behind. While it does not reach all young children at risk, it does reach the children *most* at risk. Because state-subsidized child care only pays a portion of what the private market charges, providers who accept child care subsidy often make sacrifices in doing so, and find it difficult to maintain high levels of quality. Yet we know children at-risk are the ones who need high quality programs the most. High quality environments are proven to help young children develop and retain the cognitive, social, and emotional skills they will need not only in Kindergarten, but throughout life. However, far too many of Nebraska's youngest children miss the opportunity to develop the critical skills needed for self-discipline, remembering and using information, adjusting to change, and getting along with others. These children find themselves on the wrong side of a gap that separates them from their peers not only in achievement in school, but throughout life.

Nebraska has invested the American Recovery and Reinvestment Act (ARRA) Child Care and Development Funds targeted in the following areas to build on the existing infrastructure to reach children at-risk *and* see real differences in their life trajectories. Each activity is one part of a three-phase sequence. As a complete package, this will create an estimated 68 new jobs in the child care field, maintain an estimated 651 jobs in the child care field, and support more than 2800 working families, allowing those parents to remain in the workforce.

Of the $1,540,346 in available CCDF ARRA funds, $1,418,046 has been contracted to the Nebraska Children and Families Foundation for administering the quality initiative projects, and quality infant and toddler care projects. The remaining amount of $122,300 remains with DHHS for the purchase of laptops and training for Child Care Licensing staff in the Division of Public Health. The ARRA plan includes

Phase 1: Making the Commitment to Quality

Phase 2: Coaching and Support, and

Phase 3: Moving Toward Accreditation.

It consists of:

- Building on Nebraska's existing early childhood infrastructure for the professional development of child care providers by way of the continuous quality improvement process recently developed by the Early Childhood Training Center of the Nebraska Department of Education. This quality improvement process incorporates a series of workshops and follow-up activities with participation incentives for child care subsidy providers, as well as specific training modules including mentoring and coaching of infant and toddler child caregivers;
- Facilitation and planning activities for the establishment of a web-based information management system will be initiated to provide a database of information accessible to early childhood system stakeholders tracking the participation of child care providers in professional development activities;
- Coaching support to establish quality is incorporated as a more intensive intervention stage with individual support from a trained consultant to work with specific child care programs in their application of new practices to benefit children in those child care settings;
- Expansion of the Early Childhood Mental Health Initiative will build on existing early childhood mental health efforts, by providing training, consultation, and intervention from mental health practitioners with child caregivers in coordination with the child's parents or other primary caregiver to improve the social, emotional, and behavioral development of children in licensed child care settings;
- The existing Early Head Start Infant/Toddler Quality Initiative will be expanded to add additional Early Head Start grantees to assist infant and toddler child care providers to increase the quality of care provided in home-based and center-based child care settings;
- Accreditation support for providers includes training and coaching for moving through the steps of accreditation, with incentives to those programs serving families receiving Child Care Subsidy;
- T.E.A.C.H. Early Childhood ® Nebraska, which helps child care providers earn an associate's or bachelor's degree in early childhood while continuing to work in the early childhood field, will be expanded to increase opportunities for early childhood staff to continue their education;
- Funding for 26 laptops for the DHHS Child Care Licensing staff for field inspection and complaint investigation, and the necessary software and training to allow for their use.

Head Start ARRA

With regard to Head Start and Early Head Start programs that accessed ARRA funds for expansion or new Early Head Start options, Nebraska increased its Head Start /Early Head Start federal funded "slots" by a total of 393 children birth through kindergarten entrance. Seventy-two [72] Head Start preschoolers and three hundred twenty-one [321] Early Head Start now receive services. One new Early Head Start grantee in Kearney was launched with ARRA funds.

Part C ARRA funding

In June 2009 the state of Nebraska received Individuals with Disabilities Education Act (IDEA) Part C American Recovery and Reinvestment Act (ARRA) funds from the federal government. The funding was divided into two segments: 1) Nebraska Co-Lead State initiatives; and 2) ESUs and School Districts serving at least 10 infants and toddlers with disabilities. Funds under the Co-Lead State Initiatives were designated for the planning and implementation of statewide initiatives and professional development for Part C designed to address the needs of underserved infants, toddler and their families. In Nebraska, Part C services for infants, toddlers and their families who may be experiencing developmental delays or serious health/medical issues affecting their health and development occurs through the Early Development Network (EDN). The activities within the initiatives were identified through a needs-assessment process that included analyzing data from CONNECT and the Annual Performance Report and State Performance Plan processes. All funds must be expended by September, 2011.

Initiatives supported through the Part C ARRA funding include:

- Upgrading and improving technology capabilities to facilitate communication across Nebraska.
- Professional development to provide support service providers working with families living in poverty. Workshop scheduled for May 2011 in Kearney.
- Organization of regional forums to promote inter-agency collaboration and discussion about Social Emotional assessment, services and supports for children birth-age 5. Forums will be in Ogallala, Norfolk, Lincoln, Omaha, and Kearney.
- Helping Babies from the Bench: Phase 1 training will be held in Broken Bow. Phase 2 is an introductory all-day seminar focusing on birth to age 3 children and the court and its stakeholders can ensure the best possible outcomes for them. Phase 2 training will be offered in Holdrege, Hastings, Ogallala, and Papillion/LaVista. Phase 2 is an all-day training and workshop addressing mental health issues for infants and toddlers, treatment issues and putting knowledge into court practice. The afternoon session will focus on the development of local process and procedures using a core team of inter-agency professionals.
- Development of on-line module based Part C home visitation training for services coordinator and Part C service providers.
- Child Find and public awareness efforts designed to improve outreach for difficult-to-reach populations including American Indian, Migrant, and Homeless families.
- Coordination of networking opportunities to facilitate collaboration between the Early Development Network providers and Migrant Outreach case workers in an effort to increase child find referrals to Part C services.

- Implementation of "Babies without Borders Project" designed to increase referrals and supports for American Indian children and their families who live in Nebraska and receive medical services in another state.
- Prison outreach: Support of incarcerated mothers and their infants at the York Women's Prison through parent training efforts as well as supplies and materials.
- Routines-Based Interview (RBI) National Institute Training: Financial support of 6 ECSE providers to attend the National RBI Institute in Chattanooga, TN. The providers are from Gretna, Bellevue, Papillion, La Vista, Grand Island, Kearney, and Lincoln.
- Support for Family Representative Training and Parent Leadership Training through the Parent Training and Information Center (PTI-NE).

Reductions in Funding over the Last Two Years

Most funding over the last two years has remained even. Reductions were seen in the early care and education grant funding for each of the last two years. The early childhood endowment program (Sixpence) has not been able to grow due to low returns on the public-private investments to support the program.

Head Start & Early Head Start grantees have experienced a net reduction in funding of nearly 10%. The Even Start Family Literacy funds that come through the Elementary Secondary Education Act (ESEA) US Department of Education [Title I, Part B] have been reduced by nearly 80% in the last 6 years. Currently only two programs remain. ARRA funds were not made available to expand or increase Even Start programs.

C. Standards, Monitoring and Accountability

Type of programs	Rules/Regulations	Last Updated	Monitoring Mechanism
Public School Early Childhood Education (Ages 3-5)	Title 92 NAC Rule 11	August 2007	Results Matter data system for child/program outcomes, onsite visits. Nebraska Student and Staff Record System (NSSRS)
Public School Early Childhood Endowment (Ages birth-3)	Title 92 NAC Rule 11	August 2007	Results Matter data system for child/program outcomes, onsite visits. Nebraska Student and Staff Record System (NSSRS)
Special Education including early childhood education	Title 92 NAC Rule 51	August 2010	Results Matter data system for child/program outcomes, onsite visits, ILCD monitoring process (Improving Learning for Children with Disabilities).
Child care subsidy	Title 392 NAC	March 2009	Annual visits by resource developers. Overpayment reporting process.
Child care center licensing	Title 391 NAC	March 1998	Regular inspections and investigations

Family child care home licensing	Title 391 NAC	March 1998	Regular inspections and investigations
Licensed preschool (not operated by public school)	Title 391 NAC	March 1998	Regular inspections and investigations

Federal Head Start and Early Head Start programs are monitored every three years by an external group of reviewers. The state of Nebraska has no monitoring or regulatory authority over the Head Start grantees. The federal Office of Head Start has established more stringent regulations and criteria for Head Start grantees. More regular monitoring and findings of non-compliances or deficiencies may result in programmatic changes and if corrections are not made may compromise the program's capacity for continued operation.

1. Required Child Care Licensing Report

The Early Childhood Interagency Coordinating Council Act requires a report on child care licensing be included in the biennial report. The information required includes:

a) the number of license applications received under the quality child care act and the child care licensing act;

b) the number of licenses issued;

c) the number of license applications denied;

d) the number of complaints investigated regarding such licenses;

e) the number of such licenses revoked;

f) the number and dollar amount of civil penalties levied pursuant to section 71-1920; and,

g) any information which may assist the Legislature in determine the extent of cooperation provided to the Department of Health and Human Services by other state and local agencies pursuant to section 71-1914.

Nebraska requires any individual or agency providing child care to four or more children, at the same time, from different families, for compensation to be licensed. Licensing regulations focus on minimum standards of health and safety. Fire safety inspections are conducted on all licensed programs. Sanitation inspections are conducted on Child Care Centers

Number and Capacity of Licensed Child Care/Preschool Programs

License Type	Number of programs		License Capacity	
	June 2009	June 2010	June 2009	June 2010
Family Child Care Home I (licensed for 4 – 10 children)	2,274	2,282	22,417	22,435
Family Child Care Home II (licensed for 11 – 12 children)	675	650	4	7,699
Child Care Center (license capacity based on facility size and staff)	909	939	71,338	76,223
Preschool (license capacity based on facility size and staff)	247	226	5,569	5,205
TOTAL	**4,105**	**4,097**	**107,347**	**111,562**

This compares to 4,122 programs with a license capacity of 105,167 in September 2008 and continues the trend of a decrease in the number of small programs and an increase in the license capacity of larger programs.

Inspections Completed by Child Care Licensing Staff

Routine Inspections

All licensed programs receive a minimum of one unannounced inspection each year. Programs licensed for 30 or more children receive two unannounced inspections each year. Routine inspections include: 60 day inspections to Family Child Care Home I programs carried out within 60 days of the issuance of a provisional or operating license; annual and semi-annual inspections; follow-up inspections to determine compliance after violations have been observed; and, monitoring inspections to determine compliance while programs are on corrective action status or some level of discipline.

Routine Inspections	Number of Inspections **FY 2009** (7/1/08 – 6/30/09)	Number of Inspections **FY 2010** (7/1/09 – 6/30/10)
Family Child Care Home I	2,952	3,942
Family Child Care Home II	933	1,218
Child Care Center	2,330	2,729
Preschool	353	376
TOTAL	**6,568**	**8,265**

Complaint Inspections

All complaints alleging violations of licensing regulations and complaints alleging illegally operating child care are investigated with an on-site inspection. This compares to 1,328 complaints investigated in FY 2008.

Complaint Investigations	Number of Complaints **FY 2009** (7/1/08 – 6/30/09)	Number of Complaints **FY 2010** (7/1/09 – 6/30/10)
Family Child Care Home I	257	221
Family Child Care Home II	137	153
Child Care Center	447	432
Preschool	3	0
Unlicensed Care Investigations	115	135
TOTAL	**959**	**941**

71-1917 Report

The Child Care Licensing Act (at 71-1917) requires the following information be included in the biennial report:

Required Data	FY 2009 (7/1/08 – 6/30/09)	FY 2010 (7/1/09 – 6/30/10)
Number of license applications received	**1,244**	**1,141**
Number of licenses issued	**1,008**	**897**
Number of license applications denied	**5**	**0**
Number of complaints investigated	**959**	**941**
Number of licenses revoked	**45**	**43**
Number of civil penalties levied	**21**	**16**
Dollar amount of civil penalties levied	**$7,293**	**$5,896**

Data Coalition and Data Systems Development

In the early years of the Together for Kids & Families initiative a cross-systems Data Work Group began to address the need for a clearer picture of what data systems exist, what types of indicators the project wanted to probe over time and what gaps in data there may be. The Data Work Group combined efforts with other early childhood stakeholders both public and private, to form an Early Childhood Data Coalition. According to the charter the purpose of the group is to:

- establish a coalition of key stakeholders regarding early childhood specific data across Nebraska;
- enhance collaboration regarding data through clearly defined policies and procedures; and
- develop a plan for a comprehensive early childhood data system.

Data Coalition stakeholders agreed to four outcomes:

Outcome 1. Articulate and agree to follow a set of data business rules and ethical guiding principles that meet and follow local, state, federal regulations as appropriate.

Outcome 2. Map data systems on a biennial basis.

Outcome 3. Identify and select indicators and outcomes for joint and individual purposes.

Outcome 4. Collect, analyze, and report data on identified indicators and outcomes (or otherwise determined by the Coalition).

The Data Coalition has a leadership role to help implement priority 2, a Unified Data System, of the State Advisory Council ARRA grant initiative.

D. Provider/Practitioner Supports and Professional Development

Child Care Grants

The Department of Health and Human Services ("DHHS") has established a grant fund from Child Care Development Funds to award grants to child care facilities in order to increase and support the number of licensed child care slots available to families receiving Child Care Subsidy. The child care grant categories are: 1) Start-Up/Expansion Grants; 2) Child Care Mini-Grants; 3) Quality Improvement Grants; and 4) Legally Exempt Provider Grants

Start-Up/Expansion Grants

Start-Up/Expansion Grants are available for programs that are:

- New (not yet licensed);
- Expanding (increasing the license capacity)
- Expanding from a Family Child Care Home I to a Family Child Care Home II, or a Family Child Care Home II to a Child Care Center.

The maximum start-up/expansion grant awards are $5000 for home-based child care programs, and $10,000 for center-based child care programs.

Child Care Mini-Grants

Child Care Mini-Grants **are** available to assist licensed home-based and center-based child care programs with items that are required to maintain licensure. To be eligible for grant funds, a child care facility must be licensed, and have a Child Care Subsidy agreement or be willing to obtain an agreement. Maximum grant awards are $1000 for a child care program with a provisional license, and $2000 for a child care program with an operating license.

Quality Improvement Grants

Quality Improvement Grants are available to both home-based and center-based licensed child care programs currently serving low-income families. The grants fund items that will increase the quality of care provided. Maximum grant awards are $500.

Legally Exempt Provider Grants

Legally Exempt Provider Grants are available to "legally exempt" child care providers (serving 3 or fewer children and not required to be licensed) who have a current Child Care Subsidy agreement to serve low-income families. A reimbursement of up to $100 is available for specific items to assist with provision of child care services.

In FFY 2009, DHHS awarded 24 Start-Up/Expansion Grants and 59 Mini-Grants, totaling $197,889.02, and creating or supporting the enrollment of 1977 children across the state. Twenty-six Legally Exempt Grants were awarded statewide, totaling $2474.00. DHHS awarded 139 Quality Improvement Grants since their inception in May of 2005, totaling $66,248.65.

Department of Health and Human Services Early Head Start Infant/Toddler Quality Initiative

The overall purpose of the Early Head Start Infant/Toddler Quality Initiative (EHS I/TQI) is on the improvement of the quality of infant and toddler child care in Nebraska. This initiative is funded with a portion of the Child Care and Development Block Grant funds earmarked specifically for infant and toddler care. Funds are distributed equally among the initiative participants.

Five EHS programs currently participate in this initiative, each of whom were selected through a granting process involving a plan for selection and recruitment of home and center-based child cares, descriptions of professional development opportunities for the child care partners, developmentally appropriate practices to be used, and consultation and technical assistance provided for moving toward licensing and accreditation. EHS staff are contractually required to maintain reliable rater status on the ITERS (Infant Toddler Environment Rating Scale) and FCCERS (Family Child Care Environment Rating Scale) evaluation methods used, and submit the evaluation data on the providers as well as accountings of funds expended.

The EHS programs categorize their participating child care partners by the level of interaction and service provided. This categorization allows the EHS staff to set priorities regarding the available resources, and match the types and intensity of services provided. These levels are categorized as follows:

Option 1 Providers: The most intensive involvement with the initiative, pre- and post-tests on the environmental rating scales are conducted, goals are set, program visits are conducted, support group activities are provided, and access to program opportunities, trainings, mailings, and other resources are offered;

Option 2 Providers: Involved in all levels of involvement as the Option 1 providers, however, only one set of environmental rating scales (FCCERS or ITERS) data is collected; and ,

Option 3 Providers: A less frequent/intensive level of involvement, have access to trainings, technical assistance, and resources.

The primary element of the I/TQI lies in the partnerships established with EHS programs and their community child care partners. Through these partnerships, EHS grantees:

- Provide professional development opportunities and other support to home-based and center-based providers;
- Assist in training and mentoring of the child care partners regarding infant and toddler development issues;
- Observe and report best outcomes, greatest challenges, and measures of quality within the child care settings.

As a result of their involvement with this initiative, the participating child care partners have consistently demonstrated a statistically significant improvement in their overall ITERS or FCCERS scores. The child care partners either "agreed" or "strongly agreed " in the feedback of the initiative, that EHS staff helped them to increase the quality of care and education provided to the infants and toddlers in their care, and that participation in this initiative helped them to further their knowledge about infants and toddlers.

Professional Development System/Early Childhood Resource and Referral System

The vision statement defined in 2007 for Nebraska's Early Childhood Professional Development System is one that ascribes a coordinated, responsive, comprehensive and sustainable system that:

- Improved outcomes for children
- Values and meets the needs of those that care for and support the learning and development of young children and their families
- Builds and supports leadership and collaboration within communities across the state
- Results in high quality programs and services for the early childhood field
- Recognizes and support early childhood as the foundation for later learning

Challenges to Address

Designing and implementing such a multi-dimensional system remains a challenging goal. The diverse and growing needs of Nebraska's children and families demand an early childhood workforce that can address those conditions of language other than English, cultural differences, economics of low income and poverty, etc. The significance of a well-prepared, and continually learning workforce

that is striving to reach higher standards of quality, has never been more imperative. The research is clear that it is in high quality learning environments that children achieve the most positive gains, Quality programs and services depend on well-qualified staff and leadership.

It is also a time of greater accountability in the way the resources are deployed, and particularly when those resources are shrinking. As it is true across the nation, reducing fragmentation and duplication deserves even greater attention. The inclination to maintain parallel systems of care and professional development, whether in community child care, Head Start, School-based or other arenas for children's services, must be overcome.

A current restructuring of the regional delivery system, previously known as Early Childhood Professional Development Partnerships or Regional Training Coalitions, will consolidate regions from ten to seven Early Learning Connections partnerships. Each will be staffed with a full-time coordinator and reside with Educational Service Units, the intermediate educational agencies in Nebraska that deliver services to local school districts. The Education Service Unit as the fiscal home for these grant-funded early childhood professional development partnerships (primarily through federal IDEA Part C and Part B-619 and through federal Child Development Funds and leveraged local partnership resource) will afford greater and more equitable access to the technologies of instructional distance learning and web-based delivery. The infrastructure that support professional development of teachers can now also benefit the early childhood practitioners not only in school districts, but also community based early childhood care and development, including Head Start. A closer alignment with the Early Childhood Planning Region Teams can strengthen the services and supports for children with disabilities. This stable base will provide more effective outreach to leverage the additional systems of health, social services and other family supports that are essential for effective comprehensive and integrated services for those who work with young children and families.

The Current State of the Early Childhood Professional Development System

Early Learning Connection (ELC)

Nebraska's early childhood professional development system, Early Learning Connection, extends supports to individuals and programs who commit to professionalism, life-long learning, and to quality improvements that result in positive child and family outcomes. This system is facilitated by the Nebraska Department of Education's Early Childhood Training Center in coordination with the regional Early Learning Connection partnerships, formerly known as Early Childhood Professional Development Partnerships and Regional Training Coalitions. Other vital partners include those with an adult education and learning mission. The *Nebraska Early Learning Connection* offers a wide array of professional and career development opportunities to those who touch the lives of young children and their families.

Key components of Nebraska's *Early Learning Connection:*

- An array of focused workshops and communities of learners-see the searchable early childhood registry's statewide training calendar.
- Nebraska's Core Competencies for Early Childhood Professionals and associated planning tools
    - Self-assessment
    - Professional Development Plan

    - Professional Development Record
- Early Learning Guidelines
- Training for Early Childhood Coaches
- Initiatives promoting inclusive practices
- Results Matter Training Curriculum/Assessment/Program Quality
- Program quality measures by trained observers: Environment Rating Scales (ERS); CLASS
- Supports for early childhood program accreditation processes
- Early Learning Connection for Quality Portfolio
  http://ectc.education.ne.gov/ELC/quality_portfolio.htm
- Resources about Health/Safety/Nutrition standards; specialized training, Safe with You
- Nature and young children projects
- FRIENDS-professional development, leadership development, and coaching to promote social-emotional competence and addressing challenging behaviors the Teaching Pyramid, beginning with a self-assessment of program practices.
- Child Development Associate (CDA) scholarships
- Free-loan access to large multi-media collection
- Telephone consultation for parents seeking child care
- Telephone consultation regarding a wide range of early childhood topics
- Technical assistance regarding state and national early childhood program standards (Licensing, Rule 11, Head Start, etc)
- A practitioner registry and a program registry-individual professional development records available (in development)

Early Learning Connection Registry Development

The Nebraska Department of Health and Human Services and Nebraska Department of Education are working collaboratively on the development of the Early Learning Connection Registry database. The database would be an entirely voluntary system for housing data and information on the early childhood workforce, early childhood program capacities and enrollment of children, and fees charged for care of infants, preschoolers, and school-age children.

Early childhood professionals and early childhood programs would benefit by being able to have a centralized location for their professional development records. The state benefits by being able to use aggregated data to better understand the spectrum of education of providers in the early childhood field, the annual training clock hours that early childhood providers receive, the degree to which training addresses the core competencies of early childhood professionals, and the extent to which programs are tracking and monitoring program quality. The registry can also help support analysis of data to determine the degree to which education or training of early childhood professionals influence the quality of early childhood programs.

Higher Education Teacher Preparation Programs in Nebraska

Nebraska's two year and four year higher education institutions offer an array of certificate programs, diploma programs, and degree and endorsement programs that address child development and early childhood education. The early childhood education unified endorsement

prepares early childhood education professionals for working with *all* children from birth through grade three. The program includes a combination of general education courses, child development courses, teacher education courses, and special education courses. Nebraska now has five public colleges and universities offering the early childhood unified degree. The chart below indicates the current status of articulation of courses between the associate degree programs in early childhood education at Nebraska's community colleges and the four year degree programs at the four year colleges/universities for the early childhood education unified endorsement.

Articulation of Courses between 2-year and 4-year colleges and universities for unified early childhood education degrees

Four-year Colleges/ Universities \ Two-Year Colleges	Metro Community College	Southeast Community College	Central Community College	Northeast Community College	Mid-Plains Community College-McCook Campus	Western Nebraska Community College
University of Nebraska at Kearney	62	64	65	61	67	61
University of Nebraska Lincoln	41	53	50	50	53	41
Chadron State College	69	67	65	59	47	67
Wayne State College	47	66	66	65	36	35
Peru State College	63	69	61	61	64	64

Number of Early Childhood Education Degree Programs by Colleges/Universities

Four-year Colleges/ Universities	Teacher Education Endorsements approved by the Nebraska Department of Education					Child Development (non-teacher education degree)
	El Ed/Early Childhood Ed Endorsement	Early Childhood Unified	Early Care and Education-Special (Birth-5)	Preschool Disabilities	Early Childhood Special Ed	
Number of higher education institutions offering ECE/Child Development degree	10*	6*	1*	1*	1*	4◊

*August 2010 Teacher Education and Certification Office report

◊ 2010 College websites

Two-year colleges	Associate of Applied Science Early Childhood Education	Associate of Arts (Focus in early childhood education)	Associate of Science (Focus in early childhood education)
Number of higher education institutions offering degree	5◊	8◊	1◊

Program Completers in Endorsement Areas for Early Childhood Education

Turnover in the early childhood care and education field can be as high as forty-five percent. There is an increasing demand for persons with four year degrees in early childhood education across the profession. The chart below provides information on the number of people graduating with an endorsement in early childhood education from Nebraska's colleges and universities.

Endorsement \ Year	2006-2007	2007-2008	2008-2009	Total
Early Childhood Education with Elementary Education	142	106	134	**382**
Early Childhood Unified	45	35	60	**140**
Preschool Disabilities	0	5	2	**7**
Total Early Childhood Education Endorsements	**187**	**146**	**196**	**529**

Source: 2008-2009 Title II Reports to the Nebraska Department of Education

T.E.A.C.H. Early Childhood® NEBRASKA Scholarships

Studies of quality early childhood care and education programs indicate the best quality of programs are those where staff are well educated and turnover is low. T.E.A.C.H. Early Childhood® is designed to provide scholarship funds for those working with young children. Each scholarship addresses three key issues facing those in the early care and education field:

- The education level of staff,
- High turnover rates
- Low salaries

Nebraska began providing scholarship in 2002. T.E.A.C.H. Early Childhood® NEBRASKA served 224 students in 47 counties in Nebraska during 2010.

T.E.A.C.H. recipients by type of early childhood position

T.E.A.C.H. Early Childhood ® NEBRASKA offers scholarships for both Associate Degrees and Bachelor Degrees. For 2010:

- 20% of students were working toward a Bachelor Degree
- 80% were working toward an Associate Degree

Type of early childhood position	Teachers	Family Home Providers	Director Employees	Director Owners
% of T.E.A.C.H. recipients	68%	24%	3%	5%

Source: Nebraska Association for the Education of Young Children, 2010 Annual Report

T.E.A.C.H. Early Childhood® NEBRASKA Outcomes	2009 Nebraska Data
Compensation Increase	The average salary increase for teachers was just under 6%
Education Increase	1,625.5 semester credits earned during 2010
Reducing Turnover	Less than 5%
Student Grade Point Average	3.67 (B+)

Source: Nebraska Association for the Education of Young Children, 2010 Annual Report

Ethnicity of T. E. A. C.H. Early Childhood® NEBRASKA Students

Ethnicity	Percentage of students
American Indian	1%
Asian	1%
Other	1%
Hispanic	9%
African American	17%
White	68%

Source: Nebraska Association for the Education of Young Children, 2010 Annual Report

E. Communication-websites, public information, information to field, logistical supports

State agencies offer a myriad of web-pages that provide information on early childhood care and education services available, effective practices, required state and federal reports, and research and statistics on state services. Links to many of these websites can be found in the appendix section of this report.

An example of just one of these web pages is the Child Care Licensing Web Page. The Child Care Licensing Web Page includes:

- Description of licensing process for each license type: Family Child Care Home I, Family Child Care Home II, Child Care Centers, and Preschools
- Contact information for Child Care Licensing staff
- Roster of all licensed child care and preschool programs updated each week
- The "Right Place" brochure – A Guide to Choosing Quality Child Care
- Download of all forms for licensure of Family Child Care Homes I and II, Child Care Centers, and Preschools
- Link to Regulations for Family Child Care Homes I and II, Child Care Centers, and Preschools
- Monthly Report on finalized Negative and Disciplinary actions
- Process to file complaints on line

The Child Care Licensing Web Page can be found at:
http://www.dhhs.ne.gov/crl/childcare/childcareindex.htm

On-Line Roster of Licensed Child Care/Preschool Programs

A roster of licensed child care and preschool programs has been available on-line for the past seven (7) years. The list of licensed Family Child Care Home I, Family Child Care Home II, Child Care Centers, and Preschools is in zip code order and is updated each week. The link for the roster can be found on the Child Care Licensing Web Page. The roster is long, but contains all programs are in zip code order, starting with the lowest zip code in the state. In 2009, the roster was changed to identify programs that are accredited and continued to identify programs that accept Child Care Subsidy.

F. Family Leadership Development

Planning Region Team Parent Representative Preparation Training

Nebraska's Planning Region Teams plan for delivery of early childhood services that address children with special needs and their families. Planning Region Teams are required to have parent representatives on the teams. The University of Nebraska Medical Center's Munroe-Meyer Institute in partnership with the Co-Lead Team for the Early Development Network (early intervention) team developed a training to help better prepare family members to become actively involved as representatives on their local Planning Region Teams. The training was designed specifically for members of families with children who are or have received Early Development Network services. Trainings were offered in Central Nebraska and Eastern Nebraska. Travel and expense stipends, registration costs, and meals were provided at no cost to eliminate any possible barriers that might prevent participation in the event.

Nebraska Parental Information and Resource Center

The overall design of the Nebraska Parental Information and Resource Center (PIRC) project includes four components. The first step would be to affect policy change addressing parental information and involvement, beginning with the Nebraska Department of Education. Second would be to establish 65 School-Based PIRC Centers in high-need school buildings across Nebraska with 21st Century Community Learning Center programs. Each School-Based PIRC will provide ongoing training and support to parents and educators. Resource materials will be available at each site. Third would be targeted, intensive supports to buildings with the greatest need to implement Model Programs which focus on systemic changes across multiple buildings within the same school district and multiple age groups (birth to at least 8th grade with preference for including high school). These model programs would utilize the Complementary Learning approach, linking families, early childhood, schools, and community partners. The Model Programs implement a home visitation component for parent of children ranging in age from birth to age five. The fourth component focuses on a Public Awareness Campaign to inform Nebraskans about essential parent engagement and information pieces (e.g. state and school report cards) as well as the importance of parental involvement in supporting students' learning.

Implementation of these four project components will result in the accomplishment of the following Nebraska PIRC goals:

Goal 1: Parent involvement policy is developed, articulated, and disseminated to Nebraska schools through a collaborative effort of the Nebraska Department of Education, the staff at NDE associated with 21st Century Community Learning Centers and Positive

Behavior Supports, the family involvement planning team, community partners, project staff, and the PIRC Statewide Project Advisory Board.

Goal 2: Nebraska School-Based PIRCs are established and supported by a network of school building and district educators, community agencies, and family representatives.

Goal 3: Model Programs/Enhanced PIRCs (demonstration projects) are established in targeted communities which enhance family and school partnerships and have a positive impact on student learning by implementing home visitation programs for parents of young children.

Goal 4: Statewide family awareness of the importance of their role in partnering with schools to support their children's learning is enhanced through a statewide public awareness campaign.

A comprehensive evaluation using a combination of formative and outcome approaches will be conducted to evaluate the efficacy of the project.

Head Start Family Engagement

Head Start and Early Head Start requires a strong family engagement approach in order to help prepare parents and caregivers of young children in many areas that support their child's comprehensive development. Parents learn about social-emotional and physical health, and how to access dental and other health services, developing economic and financial literacy, employment and adult educational opportunities, and how to prepare themselves and their young children for entrance into kindergarten. A fifty-one percent (51%) parent representation is required for each Head Start grantee's "Policy Council", the program management and governance body.

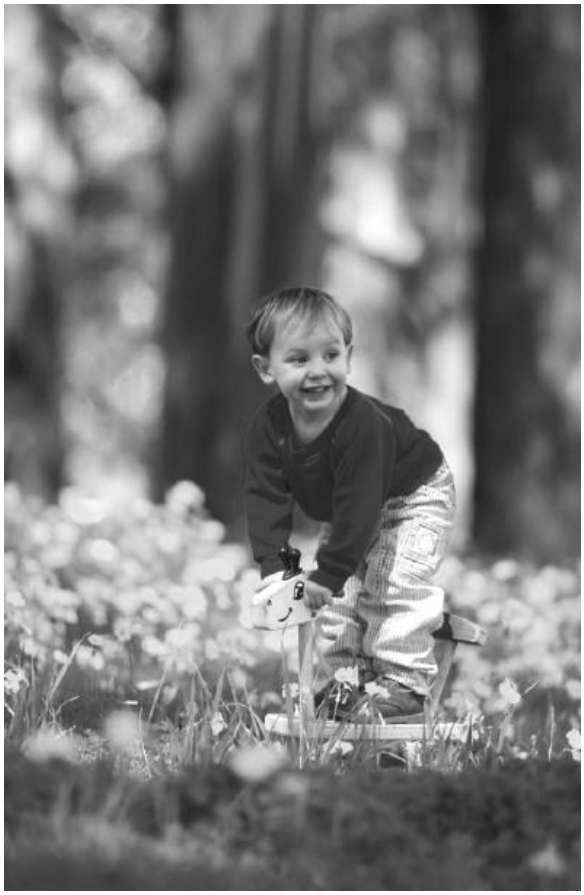
The Head Start-State Collaboration Office facilitates the involvement of Head Start program staff and parent stakeholders in state level planning, policies, and initiatives, including potential membership on the ECICC.

V. Summary

The Early Childhood Interagency Coordinating Council is made up of broad representation across the early childhood field. All of its members are appointed by the Governor of Nebraska. Some membership requirements are defined by state and federal statutes.

The passage of the Improving Head Start for School Readiness Act resulted in an increased set of responsibilities for the Council, as well as responsibility for establishing priorities related to the State Advisory Council grant.

Recommendations developed and reported in the Executive Summary of this report were reviewed and approved by the Early Childhood Interagency Coordinating Council at their November 2010 meeting.



Early Childhood Interagency Coordinating Council Members
December 2010

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Websites with Additional Information and Content Related to This Report

Early Childhood Interagency Coordinating Council (ECICC) website
http://www.education.ne.gov/ecicc/

Department of Education (NDE)

Head Start State Collaboration Office–http://www.education.ne.gov/OEC/hssco.html

NDE Office of Early Childhood– http://www.education.ne.gov/OEC/index.html

Early Childhood Education Grant Program-Ages 3-5; 2009-2010 State Report-
http://www.education.ne.gov/OEC/pdfs/ec_grant_reports/2009-2010_ECE_grant_program_state_report.pdf

NDE Office of Early Childhood Early Childhood Training Center –
http://www.education.ne.gov/OEC/ectc.html

NDE Special Education–http://www.education.ne.gov/sped/index.html

State Performance Plans and Annual Performance Reports for Part C and Part B, 619–
http://www.education.ne.gov/sped/data.html

Nebraska Early Development Network –http://edn.ne.gov/ [NDE/DHHS]

Department of Health and Human Services (DHHS)

DHHS Children's Behavioral Health–http://www.hhs.state.ne.us/beh/mh/childmh.htm

DHHS Child Care Licensing–http://www.dhhs.ne.gov/crl/childcare/childcareindex.htm

DHHS Child Care Subsidy–http://www.dhhs.ne.gov/chs/chc/chcindex.htm

DHHS Child and Family Services–http://www.hhs.state.ne.us/Children_Family_Services/

DHHS Child Welfare–-http://www.hhs.state.ne.us/jus/jusindex.htm

DHHS Child Welfare Data Reports–http://www.hhs.state.ne.us/jus/reports.htm

DHHS Home Visitation–http://www.dhhs.ne.gov/lifespanhealth/Home-Visiting-Needs-Assessment.htm

DHHS Public Health–http://www.dhhs.ne.gov/Public_Health/

DHHS Lifespan Health–http://www.dhhs.ne.gov/Public_Health/LifespanHealth.htm

DHHS Reports and Statistics–http://www.dhhs.ne.gov/stats.htm

DHHS Together for Kids and Families–http://www.dhhs.ne.gov/LifespanHealth/Together-Kids-Families.htm

DHHS Vital Statistics–http://www.dhhs.ne.gov/ced/vs.htm

Other Websites:

Nebraska Resource and Referral–https://nrrs.ne.gov

Answers4Families–www.answers4families.org

PTI Nebraska–http://www.pti-nebraska.org

Sixpence Programs–www.SingaSongofSixpence.org